



2014 Annual Survey of Hospitals

25-11006

Fid Number: _____

Hospital Name _____

Address _____

City _____

County _____

Zip _____

Texas Dept of State Health Services
Center for Health Statistics
Hospital Survey Unit
1100 West 49th Street
PO Box 149347
Austin, Texas 78714-9347

Phone (512) 776-7261

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The 2014 Cooperative Annual Survey is enclosed. This survey represents the thirtieth year of cooperation between the Department of State Health Services (DSHS), the American Hospital Association (AHA), and the Texas Hospital Association (THA). In an effort to reduce the reporting burden on Texas hospitals, DSHS and AHA have combined their annual survey into a single questionnaire.

The 2014 DSHS/AHA/THA Annual Survey of Hospitals is available online! We recommend that you use this web-based tool (**click on www.ahasurvey.org or www.dshs.state.tx.us/chs/hosp/**) as it will enable you to submit data online making it easier and more efficient for you to respond.

State laws (Health and Safety Code, Chapters 104 and 311) require the Department of State Health Services to collect aggregate financial, utilization, and other data from all licensed hospitals. The survey also incorporates some data components used to determine which hospitals qualify for the Medicaid Disproportionate Share Hospital Program. Therefore, it is extremely important that all sections of the survey be completed fully and accurately.

This survey provides the state's only comprehensive source of information on issues such as uncompensated care and hospital utilization trends. The survey findings are used by legislators, state agencies, and research institutions to support the development of health policy and accompanying programs. The survey also provides data for AHA and THA to assess the current status of the hospital industry and to enable them to provide effective representation and advocacy.

According to the rules adopted by the Texas Board of Health, **ALL HOSPITALS ARE REQUIRED TO SUBMIT THE SURVEY DATA WITHIN 60 DAYS OF RECEIPT OF THIS SURVEY FORM.** Your **timely** completion of this Annual Survey will fulfill your reporting obligation under Texas statutes. It will also ensure the inclusion of your facility's utilization data in **The AHA Guide** for 2014.

Please read the instructions for completion carefully. If you have any questions, please contact the Department of State Health Services, Center for Health Statistics, Hospital Survey Unit at (512) 776-7261 (email address: dwayne.collins@dshs.state.tx.us). Thank you for your cooperation.

Kirk Cole
Interim Commissioner
Department of State Health Services

Walter T. Shaw
President/Chief Executive Officer
Texas Hospital Association

2014 AHA ANNUAL SURVEY

General Instructions for completing the online screening tool.

A copy of the completed survey form should be retained in your files for your reference. In addition, if there are any questions about your responses, this file copy may be of assistance to you in the follow-up and editing process.

Please report utilization and financial information for a full 12-month period, preferably using your fiscal year as the reporting period.

Use the following guidelines when completing the survey:

1. Make an entry for **EVERY ITEM** on the survey.
2. For items that are not applicable to your hospital or for which no services were provided enter **"0"** zero.
3. **DO NOT USE "NA"** in any of your responses on the survey form. Enter **"NAV"** for an item which is applicable to your hospital, but data are not available from your hospital records in the detail required to complete the item.
4. For items which are combined with another variable, mark as NAV and indicate which variables are combined.

Please contact Dwayne Collins at (512) 776-7261 (FAX: 512-776-7344 or Email: dwayne.collins@dshs.state.tx.us) if you have any questions.

Please Note: ALL OF THE INFORMATION REPORTED IN THIS SURVEY WILL BE AVAILABLE TO THE PUBLIC. As of September 1, 1993, the confidentiality restriction on hospital specific financial data was removed for information reported since September 1, 1987. This change resulted from amendments made to the Health and Safety Code, Chapter 311.

2014 AHA ANNUAL SURVEY

A. REPORTING PERIOD (please refer to the instructions and definitions on the reverse side of this page)

Report data for a full 12-month period, preferably your last completed fiscal year (365 days). (Be consistent in using the same reporting period for responses throughout various sections of this survey.)

1. Reporting Period used (beginning and ending date) to
 Month/Day/Year Month/Day/Year
2. a. Were you in operation 12 full months at the end of your reporting period? YES ☐ NO ☐ b. Number of days open during reporting period.
3. Indicate the beginning of your current fiscal year
 Month/Day/Year

B. ORGANIZATIONAL STRUCTURE

1. CONTROL

Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. CHECK ONLY ONE:

Government, nonfederal

- ☐ 12 State
☐ 13 County
☐ 14 City
☐ 15 City-County
☐ 16 Hospital district or authority

Non-government, not-for profit (NFP)

- ☐ 21 Church-operated
☐ 23 Other not-for-profit (including NFP Corporation)

Investor-owned, for-profit

- ☐ 31 Individual
☐ 32 Partnership
☐ 33 Corporation

Government, federal

- ☐ 41 Air Force
☐ 42 Army
☐ 43 Navy
☐ 44 Public Health Service
☐ 45 Veteran's Affairs
☐ 46 Federal other than 41-45 or 47-48
☐ 47 PHS Indian Service
☐ 48 Department of Justice

2. SERVICE

Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of patients:

- | | |
|--|--|
| <input type="checkbox"/> 10 General medical and surgical | <input type="checkbox"/> 46 Rehabilitation |
| <input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary) | <input type="checkbox"/> 47 Orthopedic |
| <input type="checkbox"/> 12 Hospital unit within a facility for persons with intellectual disabilities | <input type="checkbox"/> 48 Chronic disease |
| <input type="checkbox"/> 13 Surgical | <input type="checkbox"/> 62 Intellectual Disabilities |
| <input type="checkbox"/> 22 Psychiatric | <input type="checkbox"/> 80 Acute long-term care hospital |
| <input type="checkbox"/> 33 Tuberculosis and other respiratory diseases | <input type="checkbox"/> 82 Alcoholism and other chemical dependency |
| <input type="checkbox"/> 41 Cancer | <input type="checkbox"/> 49 Other-specify treatment area: _____ |
| <input type="checkbox"/> 42 Heart | |
| <input type="checkbox"/> 44 Obstetrics and gynecology | |
| <input type="checkbox"/> 45 Eye, ear, nose, and throat | |

3. OTHER

- a. Does your hospital restrict admissions primarily to children? YES ☐ NO ☐
- b. Does the hospital itself operate subsidiary corporations? YES ☐ NO ☐
- c. Is the hospital contract managed? YES ☐ NO ☐

If yes, please provide the name, city, and state of the organization that manages the hospital:

Name: _____ City: _____ State: _____

- d. Is the hospital a participant in a network? YES ☐ NO ☐

If yes, please provide the name, city and state and telephone number of the network. If the hospital participates in more than one network, please provide the name, city, and state and telephone number of the network on page 23, under supplemental information.

Name: _____ City: _____ State: _____ Telephone: _____

- e. Is your hospital owned in whole or in part by physicians or a physician group? YES ☐ NO ☐

- f. If you checked 80 Acute long-term care hospital (LTCH) in the Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH arranged within a general acute care hospital.

- ☐ Freestanding LTCH ☐ LTCH arranged in a general acute care hospital

If you are arranged in a general acute care hospital, what is your host hospital's name?

Name: _____ City: _____ State: _____

2014 AHA ANNUAL SURVEY

SECTION A REPORTING PERIOD Instructions and Definitions

INSTRUCTIONS AND DEFINITIONS FOR THE 2014 ANNUAL SURVEY OF HOSPITALS.

For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical.

1. **Reporting period used (beginning and ending date):** Record the beginning and ending dates of the reporting period in an eight-digit number: for example, January 1, 2014 should be shown as 01/01/2014. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 365 days, utilization and finances should be presented for days reported only.
2. **Were you in operation 12 full months at the end of your reporting period?** If you are reporting for less than 365 days, utilization and finances should be presented for days reported only.
3. **Number of days open during reporting period:** Number of days should equal the time span between the two dates that the hospital was open.

SECTION B ORGANIZATIONAL STRUCTURE Instructions and Definitions

1. CONTROL

Check the box to the left of the type of organization that is responsible for establishing policy for overall operation of the hospital.

Government, nonfederal:

State: Controlled by an agency of state government.

County: Controlled by an agency of county government.

City: Controlled by an agency of municipal government.

City-County: Controlled jointly by agencies of municipal and county governments.

Hospital district or authority: Controlled by a political subdivision of a state, county, or city created solely for the purpose of establishing and maintaining medical care or health-related care institutions.

Non-government, not-for profit: Controlled by not-for-profit organizations, including religious organizations (Catholic hospitals, for example), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, and so forth.

Investor owned, for-profit: Controlled on a for profit basis by an individual, partnership, or a profit making corporation.

Government, federal: Controlled by an agency or department of the federal government.

2. SERVICE

Indicate the ONE category that best describes the type of service that your hospital provides to the majority of patients.

General medical and surgical: Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and non-surgical.

Hospital unit of an institution: Provides diagnostic and therapeutic services to patients in an institution.

Hospital unit within an institution for persons with intellectual disabilities: Provides diagnostic and therapeutic services to patients in an institution for persons with intellectual disabilities.

Surgical: An acute care specialty hospital where 2/3 or more of its inpatient claims are for surgical/diagnosis related groups.

Psychiatric: Provides diagnostic and therapeutic services to patients with mental or emotional disorders.

Tuberculosis and other respiratory diseases: Provides medical care and rehabilitative services to patients for whom the primary diagnosis is tuberculosis or other respiratory diseases.

Cancer: Provides medical care to patients for whom the primary diagnosis is cancer.

Heart: Provides diagnosis and treatment of heart disease.

Obstetrics and gynecology: Provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs.

Eye, ear, nose, and throat: Provides diagnosis and treatment of diseases and injuries of the eyes, ears, nose, and throat.

Rehabilitation: Provides a comprehensive array of restoration services for people with disabilities and all support services necessary to help them attain their maximum functional capacity.

Orthopedic: Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

Chronic disease: Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes.

Intellectual Disabilities: Provides health-related care on a regular basis to patients with psychiatric or developmental impairment who cannot be treated in a skilled nursing unit.

Acute long-term care hospital: Provides high acuity interdisciplinary services to medically complex patients that require more intensive recuperation and care than can be provided in a typical nursing facility.

Alcoholism and other chemical dependency: Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies.

3. OTHER

a. **Children admissions:** A hospital whose primary focus is the health and treatment of children and adolescents.

b. **Subsidiary:** A company that is wholly controlled by another or one that is more than 50% owned by another organization.

c. **Contract managed:** General day-to-day management of an entire organization by another organization under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities.

d. **Network:** A group of hospitals, physicians, other providers, insurers and/or community agencies that voluntarily work together to coordinate and deliver health services.

2014 AHA ANNUAL SURVEY

C. FACILITIES AND SERVICES

For each service or facility listed below, please check all the categories that describe how each item is provided **as of the last day of the reporting period**. Check all categories that apply for an item. Leave all categories blank for a facility or service that is not provided. Column 3 refers to the networks that were identified in section B, question 3d. If you checked column (1) C1-19, please include the number of beds. **The sum of the beds reported in 1-19 should equal D.1.b.(1), beds set up and staffed on page 15.**

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Not Provided
1. General medical-surgical care..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical-surgical care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics [Level of unit (1-3): (____)]..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical surgical intensive care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac intensive care..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neonatal intensive care..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Neonatal intermediate care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pediatric intensive care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burn care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other special care (specify: _____) <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other intensive care (specify: _____)..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Physical rehabilitation..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Alcoholism-drug abuse or dependency care..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Psychiatric care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Skilled nursing care..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Intermediate nursing care..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Acute long-term care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other long- term care <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other care (specify: <input type="text"/>)..... <input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Total # Beds: _____)

Should Equal D.1.b.(1) on page 15

2014 AHA ANNUAL SURVEY

SECTION C

FACILITIES AND SERVICES

Instructions and Definitions

Owned/provided by the hospital or its subsidiary. All patient revenues, expenses and utilization related to the provision of the service are reflected in the hospital's statistics reported elsewhere in this survey. **Provided by my Health System (in my local community).** Another health care provider in the same system as your hospital provides the service and patient revenue, expenses, and utilization related to the provision of the service are recorded at the point where the service was provided and would not be reflected in your hospital's statistics reported elsewhere in this survey. (A system is a corporate body that owns, leases, religiously sponsors and/or manages health provider.)

Provided through a formal contractual arrangement or joint venture with another provider that is not in my system. All patient revenues and utilization related to the provision of the service are recorded at the site where the service was provided and would not be reflected in your hospital statistics reported elsewhere in this survey. (A joint venture is a contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the ventures purpose.)

1. **General medical-surgical care:** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
2. **Pediatric medical-surgical care:** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
3. **Obstetrics:** Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.
4. **Medical surgical intensive care:** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. Includes mixed intensive care units.
5. **Cardiac intensive care:** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
6. **Neonatal intensive care:** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
7. **Neonatal intermediate care:** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
8. **Pediatric intensive care:** Provides care to pediatric patients that are of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
9. **Burn care:** Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
10. **Other special care:** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down, or progressive care units.
11. **Other intensive care:** A specially staffed, specialty equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems.
12. **Physical rehabilitation:** Provides care encompassing a comprehensive array of restoration services for people with disabilities and all support services necessary to help patients attain their maximum functional capacity.
13. **Alcoholism-drug abuse or dependency care:** Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
14. **Psychiatric care:** Provides acute or long-term care to patients with mental or emotional disorders, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision persons with chronic/severe mental illness.
15. **Skilled nursing care:** Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis.
16. **Intermediate nursing care:** Provides health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and support services.
17. **Acute long-term care:** Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24 hour/7 day a week basis.
18. **Other long-term care:** Provision of long-term care other than skilled nursing care or intermediate care for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living. This can include residential care, elderly care, or care facilities for those with developmental disabilities.
19. **Other care:** (specify) Any type of care other than those listed above.

Total Beds: The sum of the beds reported in this Section, C1-19 should equal what you have reported in Section D.1.b.(1) for beds set up and staffed.

2014 AHA ANNUAL SURVEY

C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Not Provided
20. Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Airborne infection isolation room (# rooms _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alcoholism-drug abuse or dependency outpatient services....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Alzheimer center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ambulatory surgery center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Assisted living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Auxiliary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bariatric/weight control services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Birthing room/LDR room/LDRP room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Blood donor center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Breast cancer screening/mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Cardiology and cardiac surgery services				
a. Adult cardiology services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pediatric cardiology services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adult diagnostic catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pediatric diagnostic catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adult interventional cardiac catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pediatric interventional cardiac catheterization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adult cardiac surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Pediatric cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Adult cardiac electrophysiology.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pediatric cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chaplaincy/pastoral care services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Children's wellness program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Community outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Complementary and alternative medicine services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Computer assisted orthopedic surgery (CAOS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Crisis prevention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Emergency services				
a. Emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pediatric emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Satellite emergency department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If you checked column 1 (44c), is the department open 24 hours a day, 7 days a week?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Trauma center (certified) [Level of unit (1-4): _____]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Endoscopic services				
a. Optical colonoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Endoscopic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ablation of Barrett's esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Esophageal impedance study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Endoscopic retrograde cholangiopancreatography (ERCP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Enrollment (insurance) assistance services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. FACILITIES AND SERVICES (definitions continued)

20. **Adult day care program:** Program providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
21. **Airborne infection isolation room:** A single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing and inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration.
22. **Alcoholism-drug abuse or dependency outpatient services:** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
23. **Alzheimer center:** Facility that offers care to persons with Alzheimer's disease and their families through an integrated program of clinical services, research and education.
24. **Ambulance services:** Provision of ambulance services to the ill and injured who require medical attention on a scheduled or unscheduled basis.
25. **Ambulatory Surgery Center:** Facility that provides care to patients requiring surgery that are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payment.
26. **Arthritis treatment center:** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
27. **Assisted living:** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends.
28. **Auxiliary:** A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.
29. **Bariatrics/weight control services:** Bariatrics is the medical practice of weight reduction.
30. **Birthing room/LDR room/LDRP room:** A single-room type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
31. **Blood donor center:** A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components.
32. **Breast cancer screening/mammograms:** Mammography screening - The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. Diagnostic mammography - The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
33. **Cardiology and cardiac surgery services:** Services which include the diagnosis and treatment of diseases and disorders involving the heart and circulatory system.
 - a-b. **Cardiology services: Adult Cardiology Services:** An organized clinical service offering diagnostic and interventional procedures to manage the full range of adult heart conditions. **Pediatric Cardiology Services.** An organized clinical service offering diagnostic and interventional procedures to manage the full range of pediatric heart conditions.
 - c-d. **Diagnostic catheterization:** (also called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. Cardiac angiography involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. These images are used to diagnose heart disease and to determine, among other things, whether or not surgery is indicated.
 - e-f. **Interventional cardiac catheterization:** Nonsurgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less-invasive alternative to heart surgery.
 - g-h. **Cardiac surgery:** Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery.
 - i-j. **Cardiac electrophysiology:** Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up.
 - k. **Cardiac rehabilitation:** A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support.
34. **Case management:** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.
35. **Chaplaincy/pastoral care services:** A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
36. **Chemotherapy:** An organized program for the treatment of cancer by the use of drugs or chemicals.
37. **Children's wellness program:** A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion.
38. **Chiropractic services:** An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
39. **Community outreach:** A program that systematically interacts with the community to identify those in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
40. **Complementary and alternative medicine services:** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc.
41. **Computer assisted orthopedic surgery (CAOS):** Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy.
42. **Crisis prevention:** Services provided in order to promote physical and mental well being and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
43. **Dental services:** An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
44. **Emergency services.** Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.
 - a-b. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
 - c. **Satellite Emergency Department.** A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a hospital, but has all necessary emergency staffing and equipment on-site.

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C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Not Provided
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48. Extracorporeal shock wave lithotripter (ESWL).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Fertility clinic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Fitness center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Freestanding outpatient care center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Geriatric services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Health fair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Community health education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Genetic testing/counseling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Health screenings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Health research.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Hemodialysis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. HIV/AIDS services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Home health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Hospice program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Hospital-based outpatient care center services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Immunization program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Indigent care clinic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Linguistic/translation services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Meals on wheels.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Mobile health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Neurological services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Nutrition program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Occupational health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Oncology services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Orthopedic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Outpatient surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Pain management program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Palliative care program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Palliative care inpatient unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Patient controlled analgesia (PCA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Patient education center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Patient representative services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Physical rehabilitation services				
a. Assistive technology center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrodiagnostic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical rehabilitation outpatient services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Prosthetic and orthotic services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Robot-assisted walking therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Simulated rehabilitation environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Primary care department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Psychiatric services:				
a. Psychiatric child-adolescent services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. FACILITIES AND SERVICES (definitions continued)

- e. **Trauma center (certified).** A facility to provide emergency and specialized intensive care to critically ill and injured patients. Level 1: A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2: A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. Level 3: A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities.
45. **Enabling services:** A program that is designed to help the patient access health care services by offering any of the following: transportation services and/or referrals to local social services agencies.
46. **Endoscopic services:**
- a. **Optical colonoscopy:** An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera.
 - b. **Endoscopic ultrasound:** Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer.
 - c. **Ablation of Barrett's esophagus:** Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett's esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus.
 - d. **Esophageal impedance study:** A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms.
 - e. **Endoscopic retrograde cholangiopancreatography (ERCP):** A procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones.
47. **Enrollment (insurance) assistance services:** A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency.
48. **Extracorporeal shock wave lithotripter (ESWL):** A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.
49. **Fertility clinic:** A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies.
50. **Fitness center:** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
51. **Freestanding outpatient care center:** A facility owned and operated by the hospital, but physically separate from the hospital, that provides various medical treatments and diagnostic services on an outpatient basis only. Laboratory and radiology services are usually available.
52. **Geriatric services:** The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include: Adult day care; Alzheimer's diagnostic-assessment services; Comprehensive geriatric assessment; Emergency response system; Geriatric acute care unit; and/or Geriatric clinics.
53. **Health fair:** Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
54. **Community health education:** Education that provides health information to individuals and populations as well as support for personal, family and community health decisions with the objective of improving health status.
55. **Genetic testing/counseling:** A service equipped with adequate laboratory facilities and directed by a qualified physician to advise parents and prospective parents on potential problems in cases of genetic defects. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children.
56. **Health screening:** A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.
57. **Health research:** Organized hospital research program in any of the following areas: basic research, clinical research, community health research, and/or research on innovative health care delivery.
58. **Hemodialysis:** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
59. **HIV-AIDS services:** Could include: HIV-AIDS unit-Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for HIV-AIDS patients and their families. General inpatient care for HIV-AIDS-Inpatient diagnosis and treatment for human immunodeficiency virus and acquired immunodeficiency syndrome patients, but dedicated unit is not available. Specialized outpatient program for HIV-AIDS-Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for HIV-AIDS patients and their families.
60. **Home health services:** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
61. **Hospice:** A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home.
62. **Hospital-based outpatient care center-services:** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and their diagnostic testing as ordered by staff or outside physician referral.
63. **Immunization program:** Program that plans, coordinates, and conducts immunization services in the community.
64. **Indigent care clinic:** Health care services for uninsured and underinsured persons where care is free of charge or charged on a sliding scale. This would include "free clinics" staffed by volunteer practitioners, but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service.
65. **Linguistic/translation services:** Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians.
66. **Meals on wheels:** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals, low cost, nutritional meals are delivered to individuals' homes on a regular basis.
67. **Mobile health service:** Vans and other vehicles used to delivery primary care services.
68. **Neurological services:** Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system.
69. **Nutrition programs:** Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
70. **Occupational health services:** Includes services designed to protect the safety of employees from hazards in the work environment.

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C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Not Provided
h. Psychiatric residential treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Radiology, diagnostic:				
a. CT scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electron beam computed tomography (EBCT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Full-field digital mammography (FFDM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Magnetic resonance imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intraoperative magnetic resonance imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Magnetoencephalography (MEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Multi-slice spiral computed tomography (<64+ slice CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Multi-slice spiral computed tomography (64+ slice CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Positron emission tomography/CT (PET/CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Single photon emission computerized tomography (SPECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Radiology, therapeutic				
a. Image-guided radiation therapy (IGRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intensity-modulated radiation therapy (IMRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Proton beam therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shaped beam radiation system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stereotactic radiosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Retirement housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Robotic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Rural health clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Sleep center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Social work services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Swing bed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Teen outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Tobacco treatment/cessation program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Transplant services				
a. Bone marrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Transportation to health facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Urgent care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Virtual colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Volunteer services department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Women's health center/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Wound management services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (definitions continued)

71. **Oncology services:** Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods.
72. **Orthopedic services:** Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
73. **Outpatient surgery:** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.
74. **Pain management program:** A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from an acute illness of diverse causes.
75. **Palliative care program:** An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such as counseling on advanced directives, spiritual care, and social services, to patients with advanced disease and their families.
76. **Palliative care inpatient unit:** An inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.
77. **Patient controlled analgesia (PCA):** Patient-controlled analgesia (PCA) is intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord than can be pushed at will, whenever more pain medicine is desired. This button will only deliver more pain medicine at pre-determined intervals, as programmed by the doctor's order.
78. **Patient education center:** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care.
79. **Patient representative services:** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high quality care and services.
80. **Physical rehabilitation services:** Program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
 - a. **Assistive technology center:** A program providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options.
 - b. **Electrodiagnostic services:** Diagnostic testing services for nerve and muscle function including services such as nerve conduction studies and Needle electromyography.
 - c. **Physical rehabilitation outpatient services:** Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
 - d. **Prosthetic and orthotic services:** Services providing comprehensive prosthetic and orthotic evaluation, fitting, and training.
 - e. **Robot-assisted walking therapy:** A form of physical therapy that uses a robotic device to assist patients who are relearning how to walk.
 - f. **Simulated rehabilitation environment:** Rehabilitation focused on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles.
81. **Primary care department:** A unit or clinic within the hospital that provides primary care services (e.g. general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
82. **Psychiatric services:** Services provided by the hospital that offer immediate initial evaluation and treatment to patients with mental or emotional disorders.
 - a. **Psychiatric child-adolescent services:** Provides care to children and adolescents with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment.
 - b. **Psychiatric consultation-liaison services:** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.
 - c. **Psychiatric education services:** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.
 - d. **Psychiatric emergency services:** Services of facilities available on a 24-hour basis to provide immediate unscheduled out-patient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress.
 - e. **Psychiatric geriatric services:** Provides care elderly patients with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment.
 - f. **Psychiatric outpatient services:** Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
 - g. **Psychiatric partial hospitalization program:** Organized hospital services of intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.
 - h. **Psychiatric Residential Treatment.**
83. **Radiology, diagnostic:** The branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnoses and therapeutic procedures using radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiation emitted by x-ray tubes, radionuclides, and ultrasonographic devices and the radiofrequency electromagnetic radiation emitted by atoms.
 - a. **CT scanner:** Computed tomographic scanner for head or whole body scans.
 - b. **Diagnostic radioisotope facility:** The use of radioactive isotopes (Radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease.
 - c. **Electron beam computed tomography (EBCT):** A high tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans.
 - d. **Full-field digital mammography (FFDM):** Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal.
 - e. **Magnetic resonance imaging (MRI):** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances or high-frequency sound.
 - f. **Intraoperative magnetic resonance imaging:** An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree to tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when a MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite.
 - g. **Magnetoencephalography (MEG)** is a noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and the location of their sources in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as *magnetic source imaging* (MSI).

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C. FACILITIES AND SERVICES (continued)

102a. In which of the following physician arrangements does your hospital or system/network participate? Column 3 refers to the networks that were identified in section B, question 3d. For hospital level physician arrangements that are reported in column 1, please report the number of physicians involved.

	(1) My Hospital	(2) My Health System	(3) My Health Network	(4) Do Not Provide
a. Independent Practice Association.....	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Group practice without walls	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Open Physician-Hospital Organization (PHO)	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Closed Physician-Hospital Organization (PHO).....	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Management Service Organization (MSO)	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Integrated Salary Model	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Equity Model.....	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Foundation.....	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other, please specify	<input type="checkbox"/> (# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102b. Looking across all the relationships identified in question 102a, what is the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level)? # of physicians _____

103a. Does your hospital participate in any joint venture arrangements with physicians or physician groups? YES ☐ NO ☐

103b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (Check all that apply)

- a. ☐ Limited service hospital
- b. ☐ Ambulatory surgical centers
- c. ☐ Imaging Centers
- d. ☐ Other _____

103c. If you selected 'a. Limited Service Hospital', please tell us what type(s) of services are provided. (Check all that apply.)

- a. ☐ Cardiac
- b. ☐ Orthopedic
- c. ☐ Surgical
- d. ☐ Other _____

103d. Does your hospital participate in joint venture arrangements with organizations other than physician groups? YES ☐ NO ☐

104a. Has your hospital or health care system established an accountable care organization (ACO)? YES ☐ NO ☐

104b. If yes, please indicate the patient population that participates in the ACO. (Check all that apply):

- a. ☐ Medicaid
- b. ☐ Medicare
- c. ☐ Privately insured
- d. ☐ Other, please specify _____

105. Does your hospital have an established medical home program? YES ☐ NO ☐

106. Does your hospital participate in a bundled payment program involving inpatient, physician, and/or post-acute care services where the hospital receives a single payment from a payer for a package of services and then distributes payments to participating providers of care (such as a single fee for hospital and physician services for a specific procedure, e.g. hip replacement, CABG)? YES ☐ NO ☐

107. Does your hospital, health system or health network have an equity interest in any of the following insurance products? (Check all that apply) Contractual relationships with HMOs and PPOs should not be reported here but in Question 108. Column 3 refers to the networks that were identified in section B, question 3d.

	(1) My Hospital	(2) My Health System	(3) My Health Network	(4) Joint Venture With Insurer	(5) Do Not Provide
1. Health Maintenance Organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Indemnity Fee For Service Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

108. Does your hospital have a formal written contract that specifies the obligations of each party with:

- a. Health Maintenance Organization (HMO)..... YES ☐ NO ☐ b. If YES, how many contracts? _____
- c. Preferred Provider Organization (PPO) YES ☐ NO ☐ d. If YES, how many contracts? _____

C. FACILITIES AND SERVICES (definitions continued)

- h. **Multi-slice spiral computed tomography (<64+slice CT).** A specialized computed tomography procedure that provides three-dimensional processing and allows narrower and multiple slices with increased spatial resolution and faster scanning times as compared to a regular computed tomography scan.
 - i. **Multi-slice spiral computed tomography (64+ slice CT).** Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems reconstruct the equivalent of 64 or greater slices to cover the imaged volume.
 - j. **Positron emission tomography (PET):** A nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy.
 - k. **Positron emission tomography/CT (PET/CT):** Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy and surgical planning.
 - l. **Single photon emission computerized tomography (SPECT):** Single photon emission computerized tomography is a nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.
 - m. **Ultrasound:** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
84. **Radiology, therapeutic.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include: megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.
- a. **Image-guided radiation therapy (IGRT):** Automated system for image-guided radiation therapy that enables clinicians to obtain high-resolution x-ray images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments.
 - b. **Intensity-Modulated Radiation Therapy (IMRT):** A type of three-dimensional radiation therapy, which improves the targeting of treatment delivery in a way that is likely to decrease damage to normal tissues and allows varying intensities.
 - c. **Proton beam therapy:** A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams in that they can be more precisely focused in tissue volumes in a three-dimensional pattern resulting in less surrounding tissue damage than conventional radiation therapy permitting administration of higher doses.
 - d. **Shaped beam radiation system:** A precise, non-invasive treatment that involves targeting beams of radiation that mirrors the exact size and shape of a tumor at a specific area of a tumor to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues.
 - e. **Stereotactic radiosurgery:** Stereotactic radiosurgery (SRS) is a radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes gamma knife, cyberknife, etc.
85. **Retirement housing:** A facility that provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long-term care through affiliated institutions.
86. **Robotic surgery:** The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
87. **Rural health clinic:** A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.
88. **Sleep center:** Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
89. **Social work services:** Could include: organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
90. **Sports medicine:** Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
91. **Support groups:** A hospital sponsored program that allows a group of individuals with the same or similar problems who meet periodically to share experiences, problems, and solutions in order to support each other.
92. **Swing bed services:** A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, do not have a 24 hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.
93. **Teen outreach services:** A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
94. **Tobacco treatment/cessation program:** Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
95. **Transplant services.** The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow transplant program; heart, lung, kidney, intestine, or tissue transplant. Please include heart/lung or other multi-transplant surgeries in 'other'.
96. **Transportation to health facilities:** A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or handicapped; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
97. **Urgent care center:** A facility that provides care and treatment for problems that are not life threatening but require attention over the short term.
98. **Virtual colonoscopy:** Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.
99. **Volunteer services department:** An organized hospital department responsible for coordinating the services of volunteers working within the institution.
100. **Women's health center/services:** An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB.
101. **Wound management Services:** Services for patients with chronic wounds and nonhealing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. The goals are to progress chronic wounds through stages of healing, reduce and eliminate infections, increase physical function to minimize complications from current wounds and prevent future chronic wounds. Wound management services are provided on an inpatient or outpatient basis, depending on the intensity of service needed.
- 102a. **Physician arrangements:** An integrated healthcare delivery program implementing physician compensation and incentive systems for managed care services.
- a. **Independent practice association (IPA):** AN IPA is a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-services or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
 - b. **Group practice without walls.** Hospital sponsors the formation of, or provides capital to physicians to establish, a "quasi" group to share administrative expenses while remaining independent practitioners.
 - c. **Open physician-hospital organization (PHO):** A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.
 - d. **Closed physician-hospital organization (PHO):** A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.

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C. FACILITIES AND SERVICES (continued)

109. What percentage of the hospital's net patient revenue is paid on a capitated risk basis?
If the hospital does not participate in capitated arrangements, please enter "0" _____ %
110. What percentage of the hospital's net patient revenue is paid on a shared risk basis? _____ %
111. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? YES ☐ NO ☐
112. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered? _____
113. Does your hospital have contracts with commercial players where payment is tied to performance on quality/safety metrics? YES ☐ NO ☐
- 114a. Does your hospital conduct an internal survey of the hospital's quality/safety culture at least every 18 months? YES ☐ NO ☐
- 114b. If yes, please indicate the response rate for the most recent survey. _____ %
- 114c. If yes, are valid results available at the level of individual units (e.g., medical ICUs, cardiothoracic surgery)? YES ☐ NO ☐

D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

Please report beds, utilization, financial, and staffing data for the 12-month period that is consistent with the period reported on page 1. Report financial data for reporting period only. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation. If final figures are not available, please estimate. Round to the nearest dollar. Report all personnel who were on the payroll and whose payroll expenses are reported in D3f. (Please refer to specific definitions on pages 16 and 18.)

Fill out column (2) if hospital owns and operates a nursing home type unit/facility.
Column (1) should be the combined total of hospital plus Nursing Home Unit/Facility.

(1)
Total Facility

(2)
Nursing Home Unit/Facility

1. BEDS AND UTILIZATION

- a. Total licensed beds _____
- b. Beds set up and staffed for use at the end of the reporting period _____
(Do not report licensed beds; should match Total # Beds on page 5.)
- c. Bassinets set up and staffed for use at the end of the reporting period _____
- d. Births (exclude fetal deaths) _____
- e. Admissions (exclude newborns; include neonatal & swing admissions) _____
- f. Inpatient days (exclude newborns; include neonatal & swing days) _____
- g. Emergency department visits _____
- h. Total outpatient visits (include emergency department visits & outpatient surgeries) _____
- i. Inpatient surgical operations _____
- j. Number of operating rooms _____
- k. Outpatient surgical operations _____

2. MEDICARE/MEDICAID UTILIZATION (exclude newborns; include neonatal, swing days & deaths)

- a1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care) _____
- a2. How many Medicare inpatient discharges were Medicare Managed Care _____
- b1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care) _____
- b2. How many Medicare inpatient days were Medicare Managed Care _____
- c1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care) _____
- c2. How many Medicaid inpatient discharges were Medicaid Managed Care _____
- d1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care) _____
- d2. How many Medicaid inpatient days were Medicaid Managed Care _____

3. FINANCIAL

- *a. Net patient revenue (treat bad debt as a deduction from revenue)00 .00
- *b. Tax appropriations00
- *c. Other operating revenue00
- *d. Non-operating revenue00
- *e. TOTAL REVENUE (add 3a thru 3d)00 .00
- f. PAYROLL EXPENSES (only)00 .00
- g. Employee benefits00 .00
- h. Depreciation expense (for reporting period only)00
- i. Interest expense00

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C. FACILITIES AND SERVICES (definitions continued)

- e. **Management services organization (MSO):** A corporation, owned by the hospital or a physician/hospital joint venture that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.
- f. **Integrated salary model:** Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.
- g. **Equity model:** Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
- h. **Foundation:** A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.
- 102b. Of all physician arrangements listed in question 102a (a-i), indicate the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level). *Joint contracting* does not include contracting between physicians participating in an independent practice.
- 103a. **Joint venture.** A contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the ventures purpose.
- 104a. **Accountable Care Organization (ACO) Contract.** An ACO contract as having two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures). This will generally involve a contract where the payer establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payer tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those quality measures.
- 105. **Patient-Centered Medical Home.** The medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decision-making between the patient, his/her primary care providers, other providers, and the patient's family.
- 106. **Bundling.** Bundling is a payment mechanism whereby a provider entity receives a single payment for services provided across one or parts of the care continuum. For example, an entity might receive a single payment for the hospital and physician services provided as part of an inpatient stay or might receive a single payment for the post acute care services involved in a single episode of care. The entity then has responsibility for compensating each of the individual providers involved in the episode of care.
- 109. **Capitation.** An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollers in the capitated plan. The fixed amount is specified within contractual agreements between the payor and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollees' adjustment factors such as age, sex, and family size.
- 110. **Shared risk payments.** A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets.
- 114. **Quality/Safety Survey.** Examples of a patient safety culture survey are the Safety Attitudes Questionnaire and the AHRQ Hospital Survey on Patient Safety Culture. Impromptu surveys of only certain staff or units, and other narrowly based initiatives do not qualify as quality/safety surveys for the purpose of this question.

SECTION D TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING Instructions and Definitions

For the purposes of this survey, nursing home type unit/facility provides **long-term care for the elderly or other patients requiring chronic care** in a non-acute setting in any of the following categories: *Skilled nursing care *Intermediate care *Other Long-term Care (*see page 6 definitions.) The nursing home type units/facilities are to be owned and operated by the hospital. Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.

- 1 a. **Total licensed beds** is the total number of beds authorized by the state licensing (certifying agency).
- b. Report the number of **beds** regularly available (those **set up and staffed for use**) at the end of the reporting period. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients that have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, post anesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.
- c. Report the number of normal newborn **bassinets**. Do not include neonatal intensive care or intermediate care bassinets. These should be reported on page 2, C6 and C7.
- d. Total **births** should exclude fetal deaths.
- e. Include the number of adult and pediatric **admissions** only (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
- f. Report the number of adult and pediatric **days of care** rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Also include swing bed inpatient days. **Inpatient day** of care (also commonly referred to as a **patient day** or a **census day**, or by some federal hospitals as an **occupied bed day**) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day.
- g. **Emergency department visits** should reflect the number of visits to the emergency unit. Emergency outpatients can be admitted to the inpatient areas of the hospital, but they are still counted as emergency visits and subsequently as inpatient admissions.
- h. An **Outpatient visit** is a visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries (also reported on line D1k), home health service visits, and emergency department visits (also reported on line D1g).
Clinic visits should reflect total number of visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, nonemergency basis (i.e., alcoholism, dental, gynecology, etc.). Visits to the satellite clinics and primary group practices should be included if revenue is received by the hospital.
- Referred** visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, pharmacy, etc.

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D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

j. Supply expense.....	_____	.00
k. All other expenses.....	_____	.00
l. TOTAL EXPENSES (add 3f thru 3k. Exclude bad debt)	_____	.00

4. REVENUE BY TYPE

a. Total gross inpatient revenue	_____	.00
b. Total gross outpatient revenue	_____	.00
c. Total gross patient revenue (4a + 4b)	_____	.00

5. UNCOMPENSATED CARE AND PROVIDER TAXES

a. Bad debt (Revenue forgone at full established rates. Include in gross revenue).....	_____	.00
b. Financial Assistance (includes Charity Care) (Revenue forgone at full-established rates. Include in gross revenue.).....	_____	.00
c. Is your bad debt (5a) reported on the basis of full charges? YES <input type="checkbox"/> NO <input type="checkbox"/>		
d. Does your state have a Medicaid provider tax/assessment program..... YES <input type="checkbox"/> NO <input type="checkbox"/>		
e. If yes, please report the total gross amount paid into the program.....	_____	.00
f. Due to different accounting standards please indicate whether the provider tax/assessment is included in:		
1. Total Expense YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. Deductions from Net Patient Revenue YES <input type="checkbox"/> NO <input type="checkbox"/>		

*6. REVENUE BY PAYOR (report total facility gross and net figures)

		(1) Gross	(2) Net
*a. GOVERNMENT	(1) Medicare:		
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Include Medicare or Medicaid revenue here </div>	a) Fee for service patient revenue (Do not include DSH or 1115 Waiver Payments).....	.00	.00
	b) Managed care revenue.....	.00	.00
	c) Total (a+b) .....	.00	.00
	(2) Medicaid:		
	a) Fee for service patient revenue .....	.00	.00
	b) Managed care revenue.....	.00	.00
	c) Medicaid Disproportionate Share Hospital Payments (DSH) .....		.00
	d) Medicaid supplemental payments: not including Medicaid Disproportionate Share Hospital Payments (DSH) (include total 1115 Waiver Payments) .....		.00
	e) Total (a+b+c+d) .....	.00	.00
	(3) Other Government .....	.00	.00
*b. NONGOVERNMENT	(1) Self-pay .....	.00	.00
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Do not include Medicare or Medicaid revenue in Nongovernment </div>	(2) Third-party payors:		
	a) Managed care (includes HMO and PPO) .....	.00	.00
	b) Other third-party payors.....	.00	.00
	c) Total Third Party payors (a+b) .....	.00	.00
	(3) All Other nongovernment .....	.00	.00
*c. TOTAL .....		.00	.00

(Total gross should equal D4c above; total net should equal D3a on page 15.)

Are the financial data on pages 15 and 17 from your audited financial statement? YES ☐ NO ☐

7. FIXED ASSETS

a. Property, plant and equipment at cost.....	_____	.00
b. Accumulated <u>depreciation</u>	_____	.00
c. Net property, plant and equipment (a-b).....	_____	.00

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D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (definitions continued)

- Observation** services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours. However, there is no hourly limit on the extent to which they may be used.
- Home health service** visits are visits by home health personnel to a patient's residence.
- i. **Inpatient surgical operation:** Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.
- j. **Operating room:** A unit/room of a hospital or other health care facility in which surgical procedures requiring anesthesia are performed.
- k. **Outpatient surgical operation:** For outpatient surgical operations, please record operations performed on patients who do not remain in the hospital overnight. Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone. Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.
- 2a2. **Managed Care Medicare Discharges:** A discharge day where a Medicare Managed Care Plan is the source of payment.
- 2b2. **Managed Care Medicare Inpatient Days:** An inpatient day where a Medicare Managed Care Plan is the source of payment.
- 2c2. **Managed Care Medicaid Discharges:** A discharge day where a Medicaid Managed Care Plan is the source of payment.
- 2d2. **Managed Care Medicaid Inpatient Days:** An inpatient day where a Medicaid Managed Care Plan is the source of payment.
- 3a. **Net patient revenue:** Reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.
- 3b. **Tax appropriations:** A predetermined amount set aside by the government from its taxing authority to support the operation of the hospital.
- 3c. **Other operating revenue:** Revenue from services other than health care provided to patients, as well as sales and services to non-patients. Revenue that arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to non-patients, and revenue from miscellaneous sources (rental of hospital space, sale of cafeteria meals, gift shop sales). Also include operating gains in this category.
- 3d. **Non-operating revenue:** Includes investment income, extraordinary gains and other non-operating gains.
- 3e. **Total revenue:** Add net patient revenue, tax appropriations, other operating revenue and non-operating revenue.
- 3f. **Payroll expenses:** Include payroll for all personnel including medical and dental residents/interns and trainees.
- 3g. **Employee benefits:** Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
- 3h. **Depreciation expense (for reporting period only)** report only the depreciation expense applicable to the reporting period. The amount also should be included in accumulated depreciation (D7b).
- 3i. **Interest expense:** Report interest expense for the reporting period only.
- 3j. **Supply expense:** The net cost of all tangible items that are expensed including freight, standard distribution cost, and sales and use tax minus rebates. This would exclude labor, labor-related expenses and services as well as some tangible items that are frequently provided as part of labor costs.
- 3k. **All other expenses.** Any total facility expenses not included in 3f-3j.
- 3l. **Total expenses:** Includes all payroll and non-payroll expenses as well as any non-operating losses (including extraordinary losses).
- 4a. **Total gross inpatient revenue:** The hospital's full-established rates (charges) for all services rendered to inpatients.
- 4b. **Total gross outpatient revenue:** The hospital's full-established rates (charges) for all services rendered to outpatients.
- 4c. **Total gross patient revenue:** Total gross patient revenue (add total gross inpatient revenue and total gross outpatient revenue).
5. **Uncompensated care:** Care for which no payment is expected or no charge is made. It is the sum of bad debt and charity care absorbed by a hospital or other health care organization in providing medical care for patients who are uninsured or are unable to pay.
- 5a. **Bad debt:** The provision for actual or expected uncollectibles resulting from the extension of credit. Report as a deduction from revenue.
- 5b. **Financial Assistance (Includes Charity care).** Financial assistance and charity care refer to health services provided free of charge or at reduced rates to individuals who meet certain financial criteria. For purposes of this survey, charity care is measured on the basis of revenue forgone, at full-established rates.
- 5d. **Medicaid Provider Tax, Fee or Assessment.** Dollars paid as a result of a state law that authorizes collecting revenue from specified categories of providers. Federal matching funds may be received for the revenue collected from providers and some or all of the revenues may be returned directly or indirectly back to providers in the form of a Medicaid payment.
6. **REVENUE BY PAYOR**
- 6a1. **Medicare:** Should agree with the Medicare utilization reported in questions D21-Db2.
- 6a1a. **Fee for service patient revenue:** Include traditional Medicare fee-for-service.
- 6a1c. **Total:** Medicare revenue (add Medicare fee for service patient revenue and Medicare managed care revenue).
- 6a2. **Medicaid:** Should agree with Medicaid utilization reported in questions D2c1-D2d2.
- 6a2a. **Fee for service patient revenue:** Do not include Medicaid disproportionate payments (DSH) or Medicaid supplemental payments that are non-Medicaid disproportionate payments (DSH).
- 6a2c. **Medicaid disproportionate share payments:** DSH minus associated provider taxes or assessments.
- 6a2d. **Medicaid supplemental payments:** Not including Medicaid DSH payments (these are supplemental payments the Medicaid program pays the hospital that are NOT Medicaid DSH) and minus associated provider taxes or assessments.
7. **Fixed Assets:** Represent land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. Net plant, property, and equipment represent the original costs of these items less accumulated depreciation and amortization.
- 7d. **Gross Square Footage:** Include all inpatient, outpatient, office, and support space used for or in support of your health care activities. Exclude exterior, roof, and garage space in the figure.
8. **Capital Expenses.** Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.
9. **Information Technology.**
- a. **IT Operating expense.** Exclude department depreciation and operating dollars paid against capital leases.
- b. **IT Capital expense.** Include IT capital expense for the current year only. Any capital expense that is carried forward from the previous year should be excluded from this figure. Include IT related capital included in the budget of other departments. (i.e. lab, radiology, etc., if known or can be reasonably estimated.) Include the total value of capital leases to be signed in the current year.
- c. **Number of Employed IT staff (in FTEs).** Number of full-time equivalent (FTE) staff employed in the IT department/organization and on the hospital payroll.
- d. **Total number of outsourced IT staff.** (i.e. contracted staff).
- e. **Electronic Health Record.** An electronic health record (EHR) integrates electronically originated and maintained patient-level clinical health information, derived from multiple sources, into one point of access. An EHR replaces the paper medical record as the primary source of patient information.

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D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

d. Total gross square feet of your physical plant used for or in support of your healthcare activities. _____ .00

8. TOTAL CAPITAL EXPENSES

(Include all expenses used to acquire assets, including buildings, remodeling projects, equipment or property.) _____ .00

9. INFORMATION TECHNOLOGY

*a. IT operating expense _____ .00

*b. IT capital expense _____ .00

*c. Number of employed IT staff (in FTEs) _____ .00

*d. Number of outsourced IT staff (in FTEs) _____ .00

*e. Does your hospital have an electronic health record (see definition)?

☐ Yes, fully implemented ☐ Yes, partially implemented ☐ No

10. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility **payroll at the end of your reporting period**. Include members of religious orders for whom dollar equivalents were reported. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Exclude physicians and dentists who are paid on a fee basis. FTE is the total number of hours worked by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as Registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category. For each occupational category, please report the number of staff vacancies as of the last day of your reporting period. A vacancy is defined as a budgeted staff position which is unfilled as of the last day of the reporting period and for which the hospital is actively seeking either a full-time or part-time permanent replacement. Personnel who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.

	(1) Full-Time (35 hr/wk or more) On payroll	(2) Part-Time (less than 35 hr/wk) On Payroll	(3) FTE	(4) Vacancies
a. Physicians.....	_____	_____	_____	_____
b. Dentists.....	_____	_____	_____	_____
c. Medical and Dental Residents/Interns.....	_____	_____	_____	_____
d. Other Trainees.....	_____	_____	_____	_____
e. Registered Nurses.....	_____	_____	_____	_____
f. Licensed Practical (Vocational) Nurses.....	_____	_____	_____	_____
g. Nursing Assistive Personnel.....	_____	_____	_____	_____
h. Radiology Technicians	_____	_____	_____	_____
i. Laboratory Technicians	_____	_____	_____	_____
j. Pharmacists, Licensed	_____	_____	_____	_____
k. Pharmacy Technicians	_____	_____	_____	_____
l. Respiratory Therapists	_____	_____	_____	_____
m. All Other Personnel	_____	_____	_____	_____
n. Total facility personnel (add 10a through 10m)	_____	_____	_____	_____
(Total facility personnel should include hospital plus nursing home type unit/facility personnel reported in 10 o and 10 p.)				
o. Nursing home type unit/facility Registered Nurses	_____	_____	_____	_____
p. Total nursing home type unit/facility personnel	_____	_____	_____	_____

D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (definitions continued)

10. **Full-Time Equivalent (FTE)** is the total number of hours worked by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.
- a-b. **Physicians and dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported in "All other personnel."
 - d. **Other trainees.** A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under a related occupational category. Exclude medical and dental residents/interns who should be reported on line 7b.
 - e. **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently registered by the state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators, and therefore listed under "All other personnel."
 - f. **Licensed practical (vocational) nurses.** Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.
 - g. **Nursing assistive personnel.** Certified nursing assistant or equivalent unlicensed staff assigned to patient care units and reporting to nursing.
 - h. **Radiology Technicians.** Technical positions in imaging fields, including, but not limited to, radiology, sonography, nuclear medicine, radiation therapy, CT, MRI.
 - i. **Laboratory professional/technical.** Professional and technical positions in all areas of the laboratory, including, but not limited to, histology, phlebotomy, microbiology, pathology, chemistry, etc.
 - j. **Pharmacists, licensed.** Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.
 - k. **Pharmacy technicians.** Persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase records and inventory control.
 - l. **Respiratory Therapists.**
 - m. **All other personnel.** This should include all other personnel not already accounted for in other categories.
 - n. **Total facility personnel.** This line is to include the total facility personnel - hospital plus nursing home type unit/facility personnel (for those hospitals that own and operate a nursing home type unit/facility).
 - o-p. **Nursing home type unit/facility personnel.** These lines should be filled out only by hospitals that own and operate a nursing home type unit/ facility, where only one legal entity is vested with title to the physical property or operates under the authority of a duly executed lease of the physical property. If nursing home type unit/facility personnel are reported on the total facility personnel line, but cannot be broken out, please write "cannot break out" on this line.
 - q. **Direct patient care RN.** Registered nurses providing care directly to patients. Direct patient care responsibilities are patient-centered nursing activities carried out in the presence of the patient (such as admission, transfer/discharge, patient teaching, patient communication, treatments, counseling, and administration of medication).
11. **Privileged Physicians.** Report the total number of physicians (by type) on the medical staff with privileges except those with courtesy, honorary and provisional privileges. Do not include residents or interns.
- Employed by your hospital.** Physicians that are either direct hospital employees or employees of a hospital subsidiary corporation. Physicians that are employed for non-clinical services (administrative services, medical director services, etc.) should be excluded.
- Individual contract.** An independent physician under a formal contract to provide services at your hospital including at outpatient facilities, clinics and offices. Physicians that are contracted only for non-clinical services (administrative services, medical director services, etc.) should be excluded.
- Group contract.** A physician that is part of a group (group practice, faculty practice plan or medical foundation) under a formal contract to provide services at your hospital including at inpatient and outpatient facilities, clinics and offices. Physicians that are contracted only for non-clinical services (administrative services, medical director services, etc.) should be excluded.
- Not employed or under contract.** Other physicians with privileges that have no employment or contractual relationship with the hospital to provide services.
- The sum of the physicians reported in 11a-11f should equal the total number of privileged physicians in the hospital.**
- a. **Primary care:** A physician that provides primary care services including general practice, general internal medicine, family practice, general pediatrics, obstetrics/gynecology and geriatrics.
 - b. **Emergency medicine:** Physicians who provide care in the emergency department.
 - c. **Hospitalist:** Physician whose primary professional focus is the care of hospitalized medical patients (through clinical, education, administrative and research activity).
 - d. **Intensivist:** A physician with special training to work with critically ill patients. Intensivists generally provided medical-surgical, cardiac, neonatal, pediatric and other types of intensive care.
 - e. **Radiologist/pathologist/anesthesiologist**
 - Radiologist:** A physician who has specialized training in imaging, including but not limited to radiology, sonography, nuclear medicine, radiation therapy, CT, MRI.
 - Pathologist:** A physician who examines samples of body tissues for diagnostic purposes.
 - Anesthesiologist:** A physician who specializes in administering medications or other agents that prevent or relieve pain, especially during surgery.
 - f. **Other specialist:** Other physicians (not included above) that specialize in a specific type of medical care.

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D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

q. For your employed RNs reported above (D.10.e.), please report the number of full time equivalents who are involved in direct patient care.
 _____ **Number of patient care FTEs**

11. PRIVILEGED PHYSICIANS

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital. The sum of the physicians reported in 11a-11f should equal the total number of privileged physicians (11g) in the hospital.

	(1) Total Employed	(2) Total Individual Contract	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged (add columns 1-4)
a. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, obstetrics/gynecology, geriatrics)	_____	_____	_____	_____	_____
b. Emergency medicine	_____	_____	_____	_____	_____
c. Hospitalist	_____	_____	_____	_____	_____
d. Intensivist	_____	_____	_____	_____	_____
e. Radiologist/pathologist/anesthesiologist	_____	_____	_____	_____	_____
f. Other specialist	_____	_____	_____	_____	_____
g. Total (add 11a-11f)	_____	_____	_____	_____	_____

12. HOSPITALISTS

- a. Do hospitalists provide care for patients in your hospital?..... YES ☐ NO ☐ (if yes, please report in D.11.c.)
 b. If yes, please report the total number of full-time equivalents (FTE) hospitalists.....FTE _____

13. INTENSIVISTS

- a. Do intensivists provide care for patients in your hospital? (If no, please skip to 14.) YES ☐ NO ☐ (if yes, please report in D.11d.)
 b. If yes, please report the total number of FTE intensivists and assign them to the following areas. Please indicate whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

	FTE	Closed to Intensivists
1. Medical-surgical intensive care	_____	<input type="checkbox"/>
2. Cardiac intensive care	_____	<input type="checkbox"/>
3. Neonatal intensive care	_____	<input type="checkbox"/>
4. Pediatric intensive care	_____	<input type="checkbox"/>
5. Other intensive care	_____	<input type="checkbox"/>
6. Total	_____	

14. ADVANCED PRACTICE REGISTERED NURSES

- a. Do advanced practice nurses/physician assistants provide care for patients in your hospital? YES ☐ NO ☐ (if no, please skip to 15.)
 b. If yes, please report the number of full time, part time and FTE advanced practice nurses/physician assistants who provide care for patients in your hospital.
 _____ Full-time _____ Part-time _____ FTE
 c. If yes, please indicate the type of service provided. (check all that apply).
☐ Primary care ☐ Anesthesia services (Certified registered nurse anesthetist) ☐ Emergency department care
☐ Other specialty care ☐ Patient education ☐ Case management ☐ Other

15. FOREIGN EDUCATED NURSES

- a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2014 vs. 2013?
 More ☐ Less ☐ Same ☐ Did not hire foreign nurses ☐
 b. From which countries/continents are you recruiting foreign-educated nurses?
 Africa ☐ South Korea ☐ Canada ☐ Philippines ☐ China ☐ India ☐ Other ☐

D. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (definitions continued)

14. **Advanced Practice Registered Nurses.** Registered nurses with advanced didactic and clinical education, knowledge, skills, and scope of practice. Includes: **Physician assistant.** A healthcare professional licensed to practice medicine with supervision of a licensed physician. **Nurse practitioner.** A registered nurse with at least a master's degree in nursing and advanced education in primary care, capable of independent practice in a variety of settings. **Clinical nurse specialist (CNS).** A registered nurse who, through a formal graduate degree (masters or doctorate) CNS education program, is prepared as CNS with expertise in a specialty area of nursing practice. CNSs are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions. **Certified Registered Nurse Anesthetist (CRNA).** **Midwives.**
- 14c. **Primary care.** Medical services including general practice, general internal medicine, family practice, general pediatrics, obstetrics/gynecology. **Emergency department care.** The provision of unscheduled outpatient services to patients whose conditions require immediate care in the emergency department setting. **Other Specialty care.** A clinic that provides specialized medical care beyond the scope of primary care. **Patient education.** Goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures and self-care. **Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care. **Other.** (specify) Any type of care other than those listed above.
15. **Foreign-educated nurses.** Individuals who are foreign born and received basic nursing education in a foreign country. In general, many of these nurses come to the US on employment-based visas which allow them to obtain a green card.

E. SUPPLEMENTAL INFORMATION

- If yes, please provide the name, city, and state of the group purchasing organization. If the hospital participates in more than one group purchasing organization, please provide the name, city, state and telephone number of the group purchasing organization(s).

c. Does the hospital purchase medical/surgical supplies directly through a distributor? If yes, please provide the name of the distributor.

Name: _____

- d. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools? _____

e. Use this space to describe your community benefit activities as well as any partners you are currently working with on such activities. Also use this space or additional sheets if more space is required for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

[illegible]

For the titles listed below, please indicate the name and the exact title of the person who holds the position in the hospital

	Name	Title
a. Chief Financial Officer		
b. Chief Information Officer		
c. Vice President, Strategic Planning		
d. Chief of the Medical Staff		
e. Chief of the Nursing office/ Director of Nursing		

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SECTION E SUPPLEMENTAL INFORMATION Instructions and Definitions

- a. **Satellite facility(s).** Satellite Services are available at a facility geographically remote from the hospital campus.
- b. **Group Purchasing Organization.** An organization whose primary function is to negotiate contracts for the purpose of purchasing for members of the group or has a central supply site for its members.
- c. **Distributor.** An entity that typically does not manufacture most of its own products but purchases and re-sells these products. Such a business usually maintains an inventory of products for sales to hospitals and physician offices and others.

2014 AHA ANNUAL SURVEY

DEPARTMENT OF STATE HEALTH SERVICES SURVEY SUPPLEMENT

The Department of State Health Services hospital data survey supplement requests more specific information for several areas previously addressed in the American Hospital Association survey. Please be consistent in using established definitions and in coordinating responses between similar sections of the survey and supplement when referenced.

F. OWNERSHIP

1. Please classify the ownership of your hospital. (check only one):

GOVERNMENT, NONFEDERAL

- ☐ 12 State
☐ 13 County
☐ 14 City
☐ 15 City-County
☐ 16 Hospital District
☐ 17 Hospital Authority

NONGOVERNMENT, NOT-FOR-PROFIT

- ☐ 21 Church
☐ 23 Other not-for-profit

INVESTOR-OWNED, FOR-PROFIT

- ☐ 31 Individual
☐ 32 Partnership
☐ 33 Corporation

2. Did the ownership of your facility change during this reporting period or from your previous reporting period? ☐ YES ☐ NO

a. IF YES, using the numerical ownership classification above, what was the ownership before the change? _____

G. INPATIENT NEWBORN CARE

1. Indicate **total number of deliveries** for your fiscal year. Deliveries should be considered as occurring at 20 or more weeks of gestation. Deliveries CAN be different than BIRTHS (item D.1.d.1, page 15). Stillbirths are to be included with deliveries and multiple births count as ONE delivery.
2. If your hospital **DOES NOT HAVE A NEONATAL CARE UNIT**, indicate the number of newborns transferred from your hospital to other hospitals for neonatal care _____
3. If your hospital **HAS A NEONATAL CARE UNIT**,
- a. Indicate the number of newborns admitted **TO** the unit as transfers from other hospitals _____
- b. Indicate the number of newborns transferred **FROM** your hospital to other hospitals for further inpatient care ... _____
- c. Indicate the number of newborns delivered at your hospital and admitted to your neonatal unit _____
4. Indicate your facility's highest level on neonatal care: **Level I** **Level II** **Level III** **Level IV** **Not Applicable**
☐ ☐ ☐ ☐ ☐

H. PSYCHIATRIC, ALCOHOLISM/CHEMICAL DEPENDENCY, MENTAL RETARDATION AND PARTIAL HOSPITALIZATION CARE

1. **Inpatient Care/Partial Hospitalization**. Please indicate the number of admissions, discharges and inpatient days for each of the categories of care specified below. Count each admission and discharge **only once** according to the **major category of care** provided. For **partial hospitalization** record admissions, discharges and number of **visits**.

	2014 Hospital		
	<u>Admissions</u>	<u>Discharges</u>	<u>Inpatient Days/Visits</u>
a. Psychiatric, 30 days or less	_____	_____	_____
b. Psychiatric, more than 30 days.....	_____	_____	_____
c. Chemical dependency (including Alcoholism)	_____	_____	_____
d. Mental Retardation.....	_____	_____	_____
e. Partial hospitalization.....	_____	_____	_____

2. **Outpatient Visits**. Please record the number of psychiatric and chemical dependency (including alcoholism) outpatient visits for Each of the categories below. Do not report occasions of service in any category.

	2014 Hospital	
	<u>Psychiatric Visits</u>	<u>Chemical Dependency Visits (including Alcoholism)</u>
a. Emergency	_____	_____
b. Clinic/Other.....	_____	_____
c. Total	_____	_____

SECTION G
INPATIENT NEWBORN CARE
Instructions and Definitions

1. Deliveries are counted DIFFERENTLY than live births (as recorded in BIRTHS, item D.1.d. (1), page 15). Stillbirths are to be included with deliveries and multiple births count as only ONE delivery.
2. If your hospital does not have a neonatal care unit as defined below, complete item G2 as applicable.
3. If your hospital has a neonatal intermediate and/or intensive care unit as defined below, complete items G3a, b, and c as applicable.
4. **Level I:** Basic Care
Level II: Specialty care for newborns at 32 weeks' gestation or more and weighing 1,500 grams or more with problems expected to resolve rapidly or who are convalescing from a higher level of intensive care.
Level III: Subspecialty care for high-risk newborns needing continuous life support and comprehensive care for critical illness. This includes infants weighing less than 1,500 grams or who were less than 32 weeks' gestation at birth.
Level IV: Includes capabilities of a level III neonatal intensive care unit as well as the ability to provide on-site pediatric medical and surgical subspecialists to care for infants with complex congenital or acquired condition, coordinate transport systems, and provide outreach education within their catchment area.

Neonatal intermediate care unit: A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.

Neonatal intensive care unit: A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery and specialty care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.

I. INPATIENT AND OUTPATIENT BAD DEBT AND CHARITY CHARGES

PLEASE USE THE DEFINITIONS ON PAGE 28 IN COMPLETING THIS SECTION. THE DEFINITIONS FOR BAD DEBT CHARGES AND CHARITY CHARGES IN ITEMS 1 AND 2 ARE DIFFERENT FROM THE AHA DEFINITIONS (page 18).

1. INPATIENT AND OUTPATIENT BAD DEBT CHARGES

- a. Inpatient Bad Debt charges \$ _____
- b. Outpatient Bad Debt charges \$ _____
- c. **TOTAL BAD DEBT CHARGES** (please add lines a and b) \$ _____
- d. Bad debt from uninsured patients \$ _____
 - (1) Inpatient bad debt charges from uninsured patients \$ _____
 - (2) Inpatient bad debt charges from uninsured patients meeting trauma eligibility \$ _____
 - (3) Outpatient bad debt charges from uninsured patients \$ _____
 - (4) Outpatient bad debt charges from uninsured patients meeting trauma eligibility \$ _____
 - (5) State government payments \$ _____
 - (6) Local government payments \$ _____
 - (7) Patient payments from uninsured patients \$ _____
 - (8) Other third party payments for uninsured patients \$ _____
- e. Bad debt from partially insured patients \$ _____
 - (1) Inpatient bad debt charges from partially insured patients \$ _____
 - (2) Inpatient bad debt charges from partially insured patients meeting trauma eligibility \$ _____
 - (3) Outpatient bad debt charges from partially insured patients \$ _____
 - (4) Outpatient bad debt charges from partially insured patients meeting trauma eligibility \$ _____
 - (5) Private insurance payments from partially insured patients \$ _____
 - (6) Patient payments from partially insured patients \$ _____
 - (7) Other third party payments for partially insured patients \$ _____

2. INPATIENT AND OUTPATIENT CHARITY CHARGES

- a. Inpatient Charity charges \$ _____
- b. Outpatient Charity charges \$ _____
- c. **TOTAL CHARITY CHARGES** (please add lines a and b) \$ _____
- d. Inpatient charity charges meeting trauma eligibility \$ _____
- e. Outpatient charity changes meeting trauma eligibility \$ _____
- f. State government payments for specific charity patients \$ _____
- g. Local government payments for specific charity patients \$ _____
- h. Private insurance payments for charity patients \$ _____
- i. Patient payments for charity care \$ _____
- j. Other third party payments for charity care patients \$ _____
- k. Federal Poverty Level percentage for eligibility as financially indigent _____

SECTION I

INPATIENT AND OUTPATIENT BAD DEBT AND CHARITY CHARGES

Instructions and Definitions

Please use the following definitions in completing Section I:

Charity Care: The unreimbursed cost to a hospital of providing, funding or otherwise financially supporting healthcare services on an inpatient or outpatient basis to a person classified by the hospital as financially or medically indigent or providing, funding or otherwise financially supporting healthcare services provided to financially indigent patients through other nonprofit or public outpatient clinics, hospitals, or health care organizations.

Bad Debt charges: Uncollectible inpatient and outpatient charges that result from the extension of credit.

Charity charges: Total amount of hospital charges for inpatient and outpatient services attributable to charity care in a cost reporting period. These charges do not include bad debt charges, contractual allowances or discounts (other than for indigent patients not eligible for medical assistance under the approved Medicaid state plan); that is, reductions or discounts in charges given to other third party payers such as, but not limited to, health maintenance organizations, Medicare, or Blue Cross.

Financially indigent: An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

Medically indigent: A person whose medical or hospital bills after payment by third-party payers exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill.

Inpatient charges: Hospital-based charges, less any contractual or payer discount, for medical services the hospital provides.

Inpatient charges (trauma): The portion of hospital-based charges reported in Row 1 that is eligible for consideration in the state trauma reimbursement program. These charges are for care provided to patients who met the facility's trauma team activation criteria and/or were entered into the facility's Trauma Registry and underwent treatment as specified in Texas Administrative Code §157.131. These charges should be reported on a hospital fiscal year basis.

Outpatient charges: Hospital-based charges, less any contractual or payer discount, for medical services the hospital provides.

Outpatient charges (trauma): The portion of hospital-based charges reported in Row 2 that is eligible for consideration in the state trauma reimbursement program. These charges are for care provided to patients who met the facility's trauma team activation criteria and/or were entered into the facility's Trauma Registry and underwent treatment as specified in Texas Administrative Code §157.131. These charges should be reported on a hospital fiscal year basis.

2. **Charity:** Include those who qualify for free care under the hospital's eligibility system developed in compliance with Health and Safety Code Ch. 311. These patients are classified as **financially indigent** or **medically indigent**. For financially indigent patients, the patient's income level is under 200 percent of the Federal Poverty Level (FPL).

Local Payments: Includes payments received from local governments for specific patients. Excludes payments for public sector employees' care.

Other third party payments: Includes other third party payments received on behalf of patients. Examples include, but are not limited, to workers' compensation and auto insurance.

Partially insured: Include cases where there is an unpaid patient balance after insurance at the time of reporting. Exclude any contractual or payer discount from the reported charges.

Patient payments: Includes payments received by the patient or their family.

Private insurance payments: Includes payments received from third party health insurance

State payments: Include payments received from the State of Texas associated with particular individuals. Examples include, but are not limited, to Crime Victims Compensation, Kidney Health, Children with Special Health Care Needs, and burn victims. Lump sum payments that are made for care provided to groups of patients (such as trauma funding) should be reported below.

Uninsured or self pay: Include charges for those patients who:

1. do not qualify for a government program,
2. have no private or third party insurance,
3. do not qualify for free or reduced price care under the hospital's eligibility system developed in compliance with Health and Safety Code Ch. 311, and
4. do not pay the full cost of their care.

Exclude inmates or prisoners.

I. INPATIENT AND OUTPATIENT BAD DEBT AND CHARITY CHARGES (continued)**3. PAYMENTS RECEIVED FOR INPATIENT CARE FROM OTHER GOVERNMENTAL SOURCES (Exclude Medicaid Payments)****PAYMENTS
RECEIVED**

- a. Local Government - Inpatient Care Only (County, City) \$ _____
- b. State Government - Inpatient Care Only (CSHCN, Kidney Health Care, etc.) \$ _____

4. INPATIENT DAYS**INPATIENT DAYS**

- a. Please report the total number of newborn nursery days _____
- b. Please report the total number of swing bed inpatient days that the swing beds were used in the provision of swing services. _____

5. NON-TEXAS RESIDENT MEDICAID ELIGIBLE PATIENTS

Please report the total number of inpatient days attributable to individuals eligible for Medicaid in another state (please exclude Medicaid days reported in D.2.d(1) on page 15) _____

J. OTHER FINANCIAL AND UTILIZATION DATA (Please see the definitions on page 30 in completing this section.)**1. FINANCIAL DATA****a. TOTAL GROSS PATIENT SERVICE REVENUE FROM SELECTED GOVERNMENT SOURCES****GROSS SOURCES
OF REVENUE****(1) Medicaid (including Inpatient and Outpatient)**

- (a) Fee for service patient revenue \$ _____
- (b) Managed care revenue \$ _____
- (c) **Total (a+b)** (please add lines a through b - Must equal D.6.a.(2).e(1) on page 17) \$ _____

(2) Other Government Sources of Revenue (including Inpatient and Outpatient)

- (a) Local Government (County, City) \$ _____
- (b) State Government (CSHCN, Kidney Health Care, CHIP, etc.) \$ _____
- (c) Other Government (TRICARE formerly known as CHAMPUS, please specify: (_____) \$ _____
- (d) **TOTAL Other Government** (please add lines a through c - Must equal D.6.a(3)(1) on page 17) \$ _____

**NET SOURCES OF
REVENUE****b. NET PATIENT SERVICE REVENUE FROM SELECTED GOVERNMENT SOURCES**

- (1) Trauma \$ _____
- (2) Tobacco Settlement \$ _____
- (3) Kidney Health \$ _____
- (4) Children with Special Health Care Needs \$ _____
- (5) Crime Victims \$ _____
- (6) Local Government
- (a) County Indigent: \$ _____
- (b) Hospital District: \$ _____
- (c) City/County Government: \$ _____
- (7) Federal government \$ _____
- (8) Other government revenue (please specify: _____) \$ _____

AMOUNT**c. MEDICAID DISPROPORTIONATE SHARE HOSPITAL PAYMENTS (DSH) \$ _____****d. 1115 WAIVER PAYMENTS**

- (1) DSRIP (Delivery System Reform Incentive Payments) \$ _____
- (2) Uncompensated Care Payments \$ _____

**ASSETS/
LIABILITIES****e. TOTAL ASSETS AND LIABILITIES**

- (1) Please report the amount of total hospital assets. \$ _____
- (2) Please report the amount of total hospital liabilities and fund balance \$ _____

**CHARITABLE
CONTRIBUTIONS****f. CHARITABLE CONTRIBUTIONS**

Indicate charitable contributions received by your hospital during this fiscal year (exclude contributions which are restricted to capital expenditure usage). \$ _____

I. INPATIENT AND OUTPATIENT BAD DEBT AND CHARITY CHARGES (definitions continued)

Local Government Inpatient: Payments received for inpatient hospital services that were provided under the county Indigent Health Care Program or that were the responsibility of any city or county governmental program. DO NOT include tax revenue or care which was provided under your facility's charity care policy, e.g., hospital district patients.

State Government Inpatient: Payments received for inpatient hospital services which were the responsibility of a unit of state government such as the Children with Special Health Care Needs, and the Kidney Health Program, and state trauma funds, etc.

Newborn Days: Report the number of inpatient days for normal newborn nursery. DO NOT include neonatal intensive or intermediate care inpatient days.

Swing Bed Services: A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, do not have a 24 hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.

SECTION J
OTHER FINANCIAL AND UTILIZATION DATA
Instructions and Definitions

Account for all hospital admissions and patient days by the sources indicated. Exclude newborn utilization.

Please use the following definitions in completing Section J:

Local Government: Inpatient and Outpatient hospital services that were provided under the county Indigent Health Care Program or that were the responsibility of any city or county governmental program. DO NOT include care which was provided under your facility's charity care policy, e.g., hospital district patients.

State Government: Inpatient and Outpatient patient hospital services which were the responsibility of a unit of state government such as the Children with Special Health Care Needs, and the Kidney Health Program, etc.

Self Pay: Hospital services for patients without any form of health insurance coverage, or hospital services not covered by a given patient's insurance.

Third Party Payor: Hospital services which were the responsibility of Blue Cross/Blue Shield and other commercial and/or private insurers.

Managed Care: Systems that integrate the financing and delivery of healthcare services to covered individuals by means of arrangements with selected providers to furnish comprehensive services to covered individuals, explicit criteria for the selection of participating health-care providers, differential coverage or payments of financial incentives for covered individuals to use providers and procedures associated with the plan and formal programs for quality assurance and utilization review.

Trauma: Funds provided by the Department of State Health Services from the Trauma Facility and Emergency Medical Services account.

Tobacco settlement: Funds provided from the master settlement agreement with tobacco companies for local governments and hospitals.

Kidney Health: Funds provided from the Kidney Health program at the Department of State Health Services.

Children with Special Health Care Needs: Funds provided from the CSHCN program at the Department of State Health Services.

Crime Victims: Include funds provided by the Office of Attorney General from the Crime Victims Compensation Fund for patient care of eligible crime victims.

County indigent: Include county government funding provided to care for indigent patients under the county indigent program.

Hospital district: Funding from the hospital district's tax revenue for the support of the hospital.

City/county government: Include payments from other city or county programs for uninsured residents, but exclude funding for public employees' health care.

Federal funding: Include federal funds received directly, such as funding for immigrants or prisoners, Ryan White, etc., but exclude Medicare funding.

Other governmental revenue: Identify the amount and program name(s) of other governmental sources of net patient revenue.

Medicaid Disproportionate Share Hospital (DSH): Medicaid DSH payments received during the reporting period. These Medicaid DSH payments should match the payments included in Net Patient Revenue D.3.a. (D.6.a (2)c(2) on page 17.

1115 Waiver Payments: DSRIP Pool Payments are incentive payments to hospitals and other providers that develop programs or strategies to enhance access to health care, increase the quality of care, the cost-effectiveness of care provided and the health of the patients and families served; uncompensated care (UC) pool payments are used to reimburse for uncompensated care costs as reported in the annual waiver application/UC cost report.

J. OTHER FINANCIAL AND UTILIZATION DATA (continued)

Do not include newborn utilization. Please see the definitions on page 32 in completing this section.

- 2. ADMISSIONS** - Indicate total hospital admissions for your fiscal year for each of the categories specified in section J.2. Count each admission **only once** according to the **MAJOR PAYOR SOURCE** of the patient.

a. GOVERNMENT SOURCES OF REVENUE ADMISSIONS**ADMISSIONS**

- (1) Medicare (Title XVIII) inpatient admissions (including Medicare Managed Care)
 (a) How many Medicare admissions were Medicare Managed Care
 (2) Medicaid (Title XIX) inpatient admissions (including Medicaid Managed Care)
 (a) How many Medicaid admissions were Medicaid Managed Care
 (3) Other Government Sources of Revenue admissions
 (a) Local Government admissions (County, City)
 (b) State Government admissions (CSHCN, Kidney Health Care, CHIP, etc.)
 (c) Other Government admissions (TRICARE, formerly known as CHAMPUS.)
 (d) **Total Other Government admissions (add lines a through c)**
 (4) **TOTAL Government Sources of Revenue admissions (add lines 2a(1), 2a(2) and 2a(3)(d))**

b. NONGOVERNMENT SOURCES OF REVENUE ADMISSIONS (Exclude Newborns)

- (1) Self Pay admissions
 (2) Non-government Third-Party Payors admissions
 (a) HMO admissions
 (b) PPO admissions
 (c) Other third-party payor admissions
 (d) **TOTAL Non-government Third-Party Payors admissions (add lines a through c)**
 (3) Other Non-government admissions (please specify: _____)
 (4) **TOTAL Non-government Sources of Revenue admissions (add lines 2b(1), 2b(2)(d) and 2b(3))**

c. TOTAL ADMISSIONS (add lines 2.a.4 and 2.b.4 - must equal D.1.e.(1) on page 15)

- 3. SELECTED INPATIENT DAYS** - Report inpatient days **ONLY** for these specific services **IF** the number of beds (# Beds) reported on page 5 (Section C) for these services is greater than zero. See page 32 for definitions.

INPATIENT DAYS

- a. General medical-surgical care inpatient days (adult, include gynecology). (Report inpatient days if C1 #Beds >0)
 b. Pediatric medical-surgical care inpatient days. (Report inpatient days if C2 # Beds is >0)
 c. Cardiac intensive care inpatient days. (Report inpatient days if C5 # Beds is >0)
 d. Pediatric intensive care inpatient days. (Report inpatient days if C8 # Beds is >0)
 e. Obstetric care inpatient days. (Report inpatient days if C3 # Beds is >0)

4. ADDITIONAL DATA

Please see the definitions on page 32 in completing this section.

- a. Total Discharges (exclude newborns, include neonatal and swing discharges)
 b. Total Discharge days (exclude newborns, include neonatal and swing days)

c. Medicare/Medicaid visits and revenue:	<u>ER Visits</u>	<u>Outpatient Visits</u>	<u>ER Revenue</u>	<u>Outpatient Revenue</u>
(1) Routine Medicare	_____	_____	_____	_____
(2) Medicare managed care	_____	_____	_____	_____
(3) Routine Medicaid	_____	_____	_____	_____
(4) Medicaid managed care	_____	_____	_____	_____

J. OTHER FINANCIAL AND UTILIZATION DATA (definitions continued)

3. Selected Inpatient Days: Report inpatient days only for the specific category (i.e., pediatric, cardiac, etc.) and only if you have reported beds for that same category in Section C (# Beds) on page 5.

For example: Your hospital had pediatric patients but you have 0 (zero) beds reported on page 5, item C.2. You must report 0 (zero) pediatric inpatient days (these days would be included in the general medical/surgical category if you have reported beds for this category on page 5, item C.1.)

Please refer to page 6 for definitions of the various categories of care.

4.a. Total Discharges: Report the number of adult and pediatric discharges only (exclude newborns). This figure should include all patients discharged during the reporting period.

4.b. Total Discharge Days: Report the total number of patient days rendered to patients discharged during the reporting period; include days of care rendered to those patients prior to the beginning of the reporting period.

K. IMMUNIZATION

Please refer to page 34 in completing this section. If you have questions please contact the Immunization Branch, Department of State Health Services at (800) 252-9152.

Name of person completing survey (Print): _____ telephone # _____ ext: _____

Please indicate your professional category: ☐ Nurse ☐ Pediatrician ☐ Clinical Nurse Manager
☐ Administrative personnel ☐ Other - Please specify _____

Please Indicate your Title : _____

1. HEPATITIS B PREVENTION SECTION**YES NO**

- a. Does your hospital provide prenatal clinic services? ☐ ☐
- b. If yes, does the prenatal clinic have a policy and standing orders to screen all pregnant women for hepatitis B surface antigen at the first examination or visit (HBsAg)? (If yes, please attach a copy of the policy and standing order.) ☐ ☐
- c. Does your hospital have a policy and standing orders to screen all pregnant women for HBsAg upon admission for delivery? (If yes, please attach a copy of the policy or standing orders.) ☐ ☐
- d. Does your hospital have a protocol for communicating a pregnant woman's HBsAg status to her primary care provider and/or obstetrician? (If yes, please attach a copy of the protocol) ☐ ☐
- e. Does your hospital have a protocol for informing the pediatric health care provider that an infant was born to an HBsAg positive woman or woman of unknown status? (If yes, please attach a copy of the protocol). ☐ ☐
- f. Does your hospital have a policy and standing orders to administer dose 1 of the hepatitis B vaccine to all newborns prior to hospital discharge? (If yes, please attach a copy of the policy or standing orders.) ☐ ☐
- g. Does your hospital have a policy and standing orders to administer hepatitis B immune globulin (HBIG) within 12 hours of birth for all infants born to HBsAg positive women? (If yes, please attach a copy of the policy or standing orders.) ☐ ☐
- h. Does your hospital have a policy and standing orders to administer dose 1 of the hepatitis B vaccine to all newborns born to HBsAg-positive mothers within 12 hours of birth? ☐ ☐
- i. Does your hospital have a policy and standing orders to administer HBIG within 12 hours of birth for all infants born to women of unknown HBsAg status? (If yes, please attach a copy of the policy and standing orders.) ☐ ☐
- j. Does your hospital have a policy and standing orders for documentation of maternal HBsAg test results in the infant medical record? (If yes, please attach a copy of the policy and standing orders.) ☐ ☐
- k. Number of women screened for HBsAg at delivery during the previous year _____
- l. Number of women identified as HBsAg positive at delivery during the previous year _____
- m. Number of women identified as unknown HBsAg status at delivery during the previous year _____
- n. Number of infants born to women of unknown or positive HBsAg status receiving HBIG within 12 hours of birth during the previous year _____
- o. Number of infants, born to women of unknown or positive HBsAg status, receiving Hepatitis B vaccine within 12 hours of birth during the previous year _____
- p. Number of infants, born to all women, receiving dose 1 of hepatitis B vaccine prior to hospital discharge during the previous year _____
- q. Number of infants born whose parent/guardian refused hepatitis B vaccine prior to discharge during the previous year _____

2. RUBELLA-SUSCEPTIBILITY SECTION**YES NO**

- a. Does your hospital have a policy or standing orders to vaccinate rubella-susceptible mothers with measles-mumps-rubella (MMR) vaccine following delivery? ☐ ☐
- b. Number of mothers identified as rubella-susceptible during the previous year _____
- c. Number of women who received MMR after delivery during the previous year _____
- d. Does the hospital have a protocol for communicating the rubella-susceptibility status to the woman's primary care provider and OB/Gyn? (If yes, please attach a copy of the protocol) ☐ ☐

3. PERTUSSIS IMMUNIZATION**YES NO**

- a. Does your hospital educate delivering mothers and family members about Pertussis disease? ☐ ☐
- b. Does your hospital vaccinate mothers with tetanus-diphtheria-pertussis vaccine (Tdap) after delivery? ☐ ☐
- c. If yes, number of women who received Tdap after delivery? _____
- d. Does your hospital administer Tdap vaccine to family members (members in close contact with mother and child) of delivering mothers? ☐ ☐
- e. Are you familiar with the term "Cocooning" (vaccinating a baby's close contacts with Tdap)? ☐ ☐

SECTION K

IMMUNIZATION

Instructions and Definitions

HEPATITIS B PREVENTION

Effective September 1, 1999, Texas law requires that all pregnant women be screened for hepatitis B surface antigen (HBsAg) at their prenatal examination and upon admission for delivery. HBsAg positive result in pregnant women is a reportable condition in Texas and should be reported to the local or state health department. To eliminate transmission of hepatitis B and prevent perinatal hepatitis B infection, the Advisory Committee on Immunization Practices (ACIP) further recommends that:

1. Infants born to mothers who are HBsAg-positive should receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) < 12 hours of birth;
2. Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine < 12 hours of birth. The mother should have blood drawn as soon as possible to determine her HBsAg status; if she is HBsAg-positive, the infant should receive HBIG as soon as possible (no later than age 1 week).
3. Full-term infants who are medically stable and weigh > 2,000 grams born to HBsAg-negative mothers should receive single-antigen hepatitis B vaccine before hospital discharge.
4. Preterm infants weighing < 2,000 grams born to HBsAg-negative mothers should receive the first dose of vaccine 1 month after birth or at hospital discharge.

Source: A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part 1: Immunization of Infants, Children, and Adolescents, December 23, 2007.

Deliveries - Deliveries are counted DIFFERENTLY than live births (as recorded in BIRTHS, item D.1.d.(1), page 15). Stillbirths are to be included with deliveries and multiple births count as only ONE delivery. Deliveries should be considered as occurring at 20 or more weeks of gestation.

RUBELLA SUSCEPTIBILITY

The ACIP recommends:

1. Prenatal screening should be carried out on all women not known to be immune to rubella;
2. Rubella-susceptible women who have just delivered babies should be vaccinated with MMR before discharge from the hospital;
3. Vaccination of susceptible women of childbearing age should be part of routine general, medical and gynecologic outpatient care, should take place in all family planning settings, and should be routine before discharge from a hospital for any reason, if there are no medical contraindications;
4. Pregnant women, persons with acute febrile illness, and persons with altered immunocompetence (except those with asymptomatic HIV infection) should not be vaccinated with any rubella-containing vaccine. Extreme caution should be exercised when vaccinating a patient with a history of anaphylactic reaction to gelatin;
5. Vaccinated women should be counseled to avoid conception for 28 days following vaccination.

Sources

1. Measles, Mumps, and Rubella--Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the ACIP, May 22, 1998.
2. CDC. Notice to Readers: Revised ACIP Recommendation for Avoiding Pregnancy After Receiving a Rubella-Containing Vaccine. MMWR 2001; 50 (49): 1117.
3. McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS (2013) Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 62: 1–34.

PERTUSSIS IMMUNIZATION

CDC's Advisory Committee on Immunization Practices recommends that all pregnant women:

1. Should receive Tdap during every pregnancy, preferably during the third trimester (between 27 and 36 weeks gestation) although Tdap may be given at any time during pregnancy.
2. For women not previously vaccinated with Tdap, if Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum
3. If a tetanus and diphtheria booster vaccination is indicated during pregnancy for a woman who has previously not received Tdap (i.e., more than 10 years since previous Td), then Tdap should be administered during pregnancy, preferably between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.
4. As part of standard wound management care to prevent tetanus, a tetanus toxoid--containing vaccine might be recommended for wound management in a pregnant woman if 5 years or more have elapsed since last receiving Td. If a Td booster is recommended for a pregnant woman health-care providers should administer Tdap.
5. To ensure protection against maternal and neonatal tetanus, pregnant women who have never been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids. The recommended schedule is 0, 4 weeks, and 6 to 12 months. Tdap should replace 1 dose of Td, preferably pregnancy between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.

Sources:

- Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) in Pregnant Women
1. Advisory Committee on Immunization Practices (ACIP), 2012. MMWR 2013; 62(07); 131-135.

EMPLOYEE IMMUNIZATION

A hospital is considered to have a mandatory immunization policy if employees are REQUIRED to provide dates of vaccination or laboratory evidence of immunity.

A hospital is considered to have a recommended immunization policy if vaccines are recommended for employees but are not required for employment.

A hospital is considered to have a combination immunization policy if it REQUIRES vaccines for designated employees working in specified areas but only RECOMMENDS vaccines for other employees.

Source: Immunization of Health-Care Workers, Recommendations of the ACIP and the Hospital Infection Control Practices Advisory Committee (HICPAC), December 26, 1997.

K. IMMUNIZATION (continued)**4. EMPLOYEE IMMUNIZATION****YES****NO**a. Does your hospital have an **employee** immunization policy or standing orders?..... ☐ ☐b. If yes, indicate the type of employee policy below and vaccine/s included (please check only one box for each vaccine):

	<u>MMR</u>	<u>Hepatitis B</u>	<u>Influenza</u>	<u>Tdap*</u>	<u>Td*</u>	<u>Tdap or Td*</u>	<u>Varicella</u>
Mandatory for employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended for employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or							
Combination immunization policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Tdap (Tetanus-Diphtheria-acellular Pertussis Vaccine); Td (Tetanus-Diphtheria Vaccine); MMR (Mumps Measles Rubella Vaccine)**YES****NO**c. If yes to question 4a, does the hospital provide vaccines listed above to the employee at no charge? ☐ ☐d. If no to question 4c, are employees referred to their private physician (i.e. medical home)? ☐ ☐e. If yes to question 4a, does your hospital's policy mandate that employee immunization records be kept on file? ☐ ☐f. Number of full time and part time employees that received an influenza vaccination during the 2014-2015 flu season (July 2014-May 2015)?

5. PATIENT IMMUNIZATIONDoes your hospital have a **patient** immunization policy? ☐ ☐If yes, does your hospital vaccinate patients against the following (mark the block if yes):

a. Influenza <input type="checkbox"/>	b. Pneumococcal disease <input type="checkbox"/>	c. Tetanus/Diphtheria <input type="checkbox"/>
d. Tetanus/Diphtheria/Acellular Pertussis <input type="checkbox"/>	e. MMR <input type="checkbox"/>	f. Varicella <input type="checkbox"/>
g. Hepatitis B <input type="checkbox"/>		

6. GENERAL IMMUNIZATION SECTIONa. Does the hospital have a written policy to provide immunization information to all new parents at a child's birth and before release from the hospital? ☐YES ☐NOb. Does the hospital print the *ImmTrac Registration Form* from the Vital Statistics Unit Texas Electronic Registrar system and offer new parents the opportunity to grant consent for immunization registry participation, or request exclusion from the registry, during birth certification registration? ☐YES ☐NO

K. IMMUNIZATION (definitions continued)IMMTRAC – TEXAS IMMUNIZATION REGISTRY

State law requires that a parent be given the opportunity to consent for immunization registry participation, or request exclusion from the registry, during birth certificate registration. Please assure that your hospital staff utilizes the Vital Statistics Unit Texas Electronic Registrar system for printing the ImmTrac Registration Form, follows appropriate procedures to offer the consent option to the parent, and forwards the completed form to the Vital Statistics Unit. The option to “GRANT consent for registration” will initiate an immunization record in ImmTrac for children born in Texas.

HOSPITAL IMMUNIZATION PRACTICES REVIEWS

The Immunization Branch, Department of State Health Services, is available to work with your facility to develop or implement hospital immunization policies and to review your current immunization practices. For additional information regarding hospital immunization policies and reviews, please contact the Immunization Branch at (800) 252-9152.

L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION

Please refer to the definitions on pages 38 and 40 in completing this section

**CHARITY
ADMISSIONS****1. CHARITY ADMISSIONS** (total number of charity inpatient only)**2. CHARITY CARE POLICY**

a. Has your hospital governing body adopted a charity care policy statement and formal hospital eligibility system that it uses to determine eligibility for the charity care services it provides? (IF YES, PLEASE RETURN A COPY OF THAT POLICY WITH THIS QUESTIONNAIRE) ☐ YES ☐ NO

b. If yes, does your charity care policy address:

(1) care for the "financially indigent"? ☐ YES ☐ NO

(2) care for the "medically indigent"? ☐ YES ☐ NO

3. CHARITY PROVIDED THROUGH OTHER ORGANIZATIONS - Please indicate the unreimbursed cost of providing, funding or otherwise financially supporting health care services provided to financially indigent persons through other nonprofit or public outpatient clinics, hospitals or health care organizations.

AMOUNT

\$

4. COMMUNITY BENEFITS INFORMATION

a. Please provide an estimate of the unreimbursed cost of SUBSIDIZED HEALTH SERVICES reported separately for the following categories:

(1) Emergency Care \$

(2) Trauma Care \$

(3) Neonatal Intensive Care..... \$

(4) Freestanding community clinics, e.g., rural health clinics..... \$

(5) Collaborative efforts with local government(s) and/or private agency or agencies in preventive medicine, e.g., immunization programs..... \$

(6) Other services that satisfy the definition of "subsidized health services" (please specify):

(a) \$

(b) \$

(c) \$

(d) \$

(e) \$

b. Please indicate the amount of DONATIONS your hospital made during this reporting period

\$

c. Please indicate the total amount of funds received and expenses for RESEARCH:

(1) TOTAL AVAILABLE FUNDS \$

(2) LESS TOTAL EXPENSES \$

(3) TOTAL NET FUNDS [Item 4c(1) - item 4c(2)] \$

d. Please indicate the amount of funds received and expenses for EDUCATION separated into the following categories:

(1) *Education of physicians, nurses, technicians and other medical professionals and health care providers.*

(a) TOTAL AVAILABLE FUNDS \$

(b) LESS TOTAL EXPENSES \$

(c) TOTAL NET FUNDS [Item 4d(1)(a) - item 4d(1)(b)]..... \$

(2) *Scholarships and funding to medical schools, colleges, and universities for health professions education.*

(a) TOTAL AVAILABLE FUNDS \$

(b) LESS TOTAL EXPENSES \$

(c) TOTAL NET FUNDS [Item 4d(2)(a) - item 4d(2)(b)]..... \$

(3) *Education of patients concerning diseases and home care in response to community needs.*

(a) TOTAL AVAILABLE FUNDS \$

(b) LESS TOTAL EXPENSES \$

(c) TOTAL NET FUNDS [Item 4d(3)(a) - item 4d(3)(b)]..... \$

SECTION L
CHARITY CARE AND COMMUNITY BENEFITS INFORMATION
Instructions and Definitions

2.a. Charity Care (provided by your hospital): Health care services provided, funded, or otherwise financially supported on an inpatient or outpatient basis to a person classified by the hospital as "financially indigent" or "medically indigent."

Hospital Eligibility System: The financial criteria and procedure used by a hospital to determine if a patient is eligible for charity care. The system shall include income levels and means testing indexed to the federal poverty guidelines, provided, however, that the hospital does not establish an eligibility system which sets the income level eligible for charity care lower than that required by counties under Section 61.023, or higher, in the case of the financially indigent, than 200 percent of the federal poverty guidelines. A hospital may determine that a person is financially or medically indigent pursuant to the hospital's eligibility system after health care services are provided.

2.b. Financially Indigent: An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

Medically Indigent: A person whose medical or hospital bills after payment by third-party payors exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and who is financially unable to pay the remaining bill.

3. Charity Care (provided through other organizations): The total amount provided, funded or otherwise financially supported for health care services provided to financially indigent patients through OTHER nonprofit or public outpatient clinics, hospitals or health care organizations. **Please do NOT include charity care provided to the financially or medically indigent on an inpatient or outpatient basis in your facility.**

4.a. Subsidized Health Services: Those services provided by a hospital in response to community needs for which the reimbursement is less than the hospital's cost for providing the services and which must be subsidized by other hospital or nonprofit supporting entity revenue sources. Subsidized health services may include but are not limited to:

- emergency and trauma care;
- neonatal intensive care;
- freestanding community clinics; and
- collaborative efforts with local government or private agencies in preventive medicine, such as immunization programs.

4.b. Donations: The unreimbursed costs of providing cash and in-kind services and gifts, including facilities, equipment, personnel, and programs, to other nonprofit or public outpatient clinics, hospitals, or health care organizations.

4.c. Research-Related Costs: The reimbursed or unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting facilities, equipment, and personnel for medical and clinical research conducted in response to community needs.

4.d. Education-Related Costs: The reimbursed or unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting educational benefits, services, and programs including:

- education of physicians, nurses, technicians, and other medical professionals and health care providers;
- provision of scholarships and funding to medical schools, colleges, and universities for health professions education;
- education of patients concerning diseases and home care in response to community needs; and
- community health education through informational programs, publications, and outreach activities in response to community needs.

L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION (continued)

(4) *Community health education through informational programs, publications, and outreach activities in response to community needs.*

(a) TOTAL AVAILABLE FUNDS..... \$ _____

(b) LESS TOTAL EXPENSES..... \$ _____

(c) TOTAL NET FUNDS [Item 4d(4)(a) - item 4d(4)(b)] \$ _____

(5) *Other educational services that satisfy the definition of "education-related costs"*

(a) TOTAL AVAILABLE FUNDS..... \$ _____

(b) LESS TOTAL EXPENSES..... \$ _____

(c) TOTAL NET FUNDS [Item 4d(5)(a) - item 4d(5)(b)] \$ _____

5. STATE INDIGENT HEALTH PROGRAMS (exclude Medicaid)

a. Inpatient charges for state indigent health programs \$ _____

b. Outpatient charges for state indigent health programs \$ _____

c. State government payments for patients in state indigent health programs \$ _____

d. Private insurance payments for patients in state indigent health programs..... \$ _____

e. Patient payments from patients in state indigent health programs \$ _____

f. Other third party payments for patients in state indigent health programs \$ _____

6. LOCAL INDIGENT HEALTH PROGRAMS

a. Inpatient charges for local indigent health programs..... \$ _____

b. Outpatient charges for local indigent health programs \$ _____

c. Local government payments for patients in local indigent health programs \$ _____

d. Private insurance payments for patients in local indigent health programs \$ _____

e. Patient payments from patients in local indigent health programs..... \$ _____

f. Other third party payments for patients in local indigent health programs \$ _____

7. Federally Supported Health Programs (Medicare, TRICARE formerly known as CHAMPUS)

a. Inpatient charges for federally supported health programs..... \$ _____

b. Outpatient charges for federally supported health programs \$ _____

c. Medicare payments, and other federal payments \$ _____

d. Private insurance payments for patients in federally supported health programs \$ _____

e. Patient payments from patients in federally supported health programs \$ _____

f. Other third party payments for patients in federally supported health programs \$ _____

8. LUMP SUM FUNDING

a. Medicare supplemental payments..... \$ _____

b. Tax revenue \$ _____

 1. Intergovernmental transfers for DSH..... \$ _____

 2. Intergovernmental transfers for 1115 Waiver Payments..... \$ _____

 3. Other intergovernmental transfers for Medicaid \$ _____

c. Collections from patients previously reported as uncompensated..... \$ _____

d. Collections from trauma patients previously reported as uncompensated \$ _____

L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION (definitions continued)

Local Programs: Include County Indigent Health Care that covers all those under 21 percent Federal Poverty Level (FPL) who are not eligible for Medicaid. Also include other programs where a unit of local government pays for the care or provides insurance based on specific medical conditions and/or financial need. **Excludes** public sector employees' care and related payments.

State programs: Programs such as the Children's Health Insurance Program and the Kidney Health Program, where the State of Texas pays for care or provides insurance based on specific medical conditions and/or financial need. This includes care provided to state inmates or prisoners.

Medicare: Include charges for persons enrolled in the federal Medicare program under Title XVIII of the Social Security Act. Enrollees are typically elderly or the disabled.

8a. Medicare supplemental payments: Report reconciling or settle-up payments received from the federal government for the Medicare Program received during the reporting period, regardless of the date of service. These include Medicare DHS and IME.

8b. Tax revenue: Public hospitals shall report tax revenue or collections, less any intergovernmental transfers (IGTs) in support of Medicaid payments.

8b.1. Intergovernmental transfers for DSH: Tax revenues used as intergovernmental transfers (IGTs) to the state in support of the Disproportionate Share Hospital (DSH) program in Medicaid, if applicable.

8b.2. Intergovernmental transfers for 1115 Waiver Payments: Tax revenues used as intergovernmental transfers (IGTs) to the state in support of the 1115 Waiver payments, if applicable.

8b.3. Other Intergovernmental transfers IGTs: Tax revenues used as intergovernmental transfers (IGTs) to the state to be used as match in federal funding programs, excluding DSH and UC Pool. Report only if applicable.

8c. Collections from patients previously reported as uncompensated: Payments from the patients whose care was reported as uncompensated (charity, self-pay/uninsured, or partially insured) received after reporting information to the state, regardless of the year of service. These amounts will not be used to recalculate prior year(s) residual uncompensated care but are considered available revenue to offset the cost of care provided to other patients in the current reporting period.

8d. Collections from patients meeting trauma eligibility previously reported as uncompensated: Payments from patients whose care was reported as uncompensated (charity, bad debt, uninsured/self-pay and/or partially insured) and eligible for reimbursement under the state trauma program received after reporting information to the state, regardless of the date of service. These payments are considered available revenue to offset the cost of care provided to trauma patients in the current reporting period.

M. NICHE HOSPITALS

1. What percentage of your hospital is physician-owned? _____%
2. How many physician owners do you have? _____
3. What is the largest percentage of your hospital that is owned by any one physician? _____%
4. What is the largest combined percentage of your hospital owned by physicians in a single revenue sharing group practice? _____%
5. How many physicians have admitting privileges at your hospital? _____
 - a. How many are physician owners? _____
6. What percentage of your admitting physicians have admitting privileges at other hospitals? _____%
 - a. How many are physician owners? _____
7. Is physician ownership limited to active members of your medical staff? ☐ YES ☐ NO
8. Based on charges, what percentage of the patients admitted by investing physicians, fall into the following categories?

Source of revenue:	%
a. Medicare	_____
b. Medicaid	_____
c. Other Government	_____
d. Self-Pay	_____
e. Third Party	_____
f. Other Non Government	_____
g. Other	_____
9. What percentage of your patients are admitted by investing physicians? _____%

N. ER VISITS FOR INSURED/UNINSURED PATIENTS

1. Total number of visits by insured patients **WHO WERE** treated in the ER and,
 - a. Were admitted into the hospital: _____
 - b. Were not admitted into the hospital: _____
2. Total number of visits by uninsured patients **WHO WERE** treated in the ER and,
 - a. Were admitted into the hospital: _____
 - b. Were not admitted into the hospital: _____
3. What percentage of your emergency visits are for medical conditions or services outside your hospital's area(s) of specialty? _____%
4. What percentage of your emergency visits are transferred to other facilities? _____%

O. NURSING SERVICES

1. Has the governing body of the hospital adopted a nurse staffing policy as required by Section 257.003 in the Health and Safety Code?

YES ☐
NO ☐
2. Has the hospital established a nurse staffing committee as required by Section 257.004 in the Health and Safety Code?

YES ☐
NO ☐
3. Has the nurse staffing committee evaluated the hospital's official nurse services staffing plan as required by Section 257.004?

YES ☐
NO ☐
4. Has the nurse staffing committee reported results of the evaluation of the nurse services staffing plan to the hospital's governing body as required by Section 257.004?

YES ☐
NO ☐
5. Has the nurse staffing committee selected nurse-sensitive outcome measures to use in evaluating the hospital's official nurse services staffing plan as required by Section 257.005 in the Health and Safety Code? YES ☐ NO ☐
6. What nurse-sensitive outcome measures have been selected to use in evaluating the hospital's official nurse services staffing plan as required by Section 257.005 in the Health and Safety Code?

7. How many International Board Certified Lactation Consultant (IBCLC) full-time equivalents (FTEs) does your facility have on staff?

_____ budgeted FTEs
_____ filled FTEs
8. Does your hospital's board have any Registered Nurse (RN) members? YES ☐ NO ☐
 - a. If yes, does the RN board member have full voting privileges? YES ☐ NO ☐

SECTION N
NICHE HOSPITALS
Instructions and Definitions

Uninsured patients: People not covered by Medicare, TRICARE (Armed-Forces-related coverage), Medicaid, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage). People covered only by noncomprehensive State-specific programs (e.g., Texas Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific disease) were not considered to be insured.

Insured patients: People with types of insurance coverage, including private, public, and other coverage. Exclude single-service plans (e.g., nursing home care, accidents, or dental care), except for those that cover hospital care, from the definition of private insurance.

SECTION O
NURSING SERVICES
Instructions and Definitions

7. An International Board Certified Lactation Consultant, or IBCLC, is a health care professional who specializes in the clinical management of breastfeeding and who is certified by the International Board of Lactation Consultant Examiners Inc. under the direction of the US National Commission for Certifying Agencies.

P. NEVER EVENTS

SB 203 (81st Legislative session) requires the reporting of preventable adverse events identified by the National Quality Forum (NQF) as "never events." A list of never events is available at: (<http://www.dshs.state.tx.us/chs/hosp/Hosp2.shtm>)

1. Does your facility keep electronic records of some or all of the "never" events identified by the NQF? * YES ☐ NO ☐
- a. If no, does your facility collect data on some or all of these never events at all? YES ☐ NO ☐
- b. If yes, does your facility have the capability of electronically submitting patient level data on the "never" events to the State in a format that is used nationally such as HL7 (Health Level 7)? ** YES ☐ NO ☐

*The Serious Reportable Events in Healthcare can be found at <http://www.dshs.state.tx.us/chs/hosp/sreh.pdf> and the

**Health Level 7 data standards can be found at <http://www.dshs.state.tx.us/chs/hosp/hl7.pdf> **

Q. ELECTRONIC EXCHANGE:

Which of the following patient data does your hospital electronically exchange with one or more of the provider types listed below? (Check all that apply):

	With hospitals in your system	With hospitals outside of your system	With ambulatory providers inside of your system	With ambulatory providers outside of your system	Do not know
a. Patient demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Laboratory results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medication history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Radiology reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Clinical/Summary care record in any format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other types of patient data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We do not exchange any patient data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2014 DEPARTMENT OF STATE HEALTH SERVICES ANNUAL SURVEY
SECTION Q
ELECTRONIC EXCHANGE
Instructions and Definitions

Electronic Exchange: Electronic exchange of patient healthcare information refers to exchanging of data through non-manual means, such as EHRs and/or portals, and excludes fax/paper.

R. CERTIFICATION STATEMENT:

I certify that the information provided on this survey is true, complete, and correct to the best of my knowledge.

Date of Completion

Signature of Administrator

Month/Day/Year_____
Name (please print)_____
Title

Does your hospital or health system have an Internet or Homepage address? ☐ YES ☐ NO

If yes, please provide the address: http:// _____

Thank you for your cooperation in completing this survey. If there are any questions about your survey, who should be contacted?

Primary Contact (please print)_____
Title_____
()
Telephone number_____
()
Fax Number_____
Electronic/Internet Mail address_____
Secondary Contact (please print)_____
Title_____
()
Telephone number_____
()
Fax Number_____
Electronic/Internet Mail address_____
Chief Nursing Officer (Director of Nursing)
(please print)_____
Title_____
()
Telephone number_____
()
Fax Number_____
Electronic/Internet Mail address

NOTE: PLEASE COPY THIS SURVEY FORM FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE DEPARTMENT OF STATE HEALTH SERVICES. THANK YOU.